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The Case of Drug Treatment and Testing Orders.

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Summary

This research set out to identify issues, circumstances, perspectives and constraints contributing to the extent to which a centrally-driven UK policy initiative, of Drug Treatment and Testing Orders (DTTOs) for drug misusing offenders, has been implemented in a particular location. The setting for the research has been in South Wales, and the approach employed has been to use a stakeholder, pluralistic evaluation framework to conduct a naturalistic enquiry of the policy implementation process.

Policy formulation was identified as a complex process that had to be planned and implemented within different organisational frameworks and jurisdictional contexts, against a background of conflicting stakeholders' interests. In addition, a number of major failures of process were identified which compromised policy integrity from inception through to service delivery. For example, there was a lack of a policy lead in Department of Health during the policy formulation stage; a failure to recognise differing jurisdictional contexts derived from constitutional changes; major organisational changes occurred within the Probation Service at the roll-out of the programme; consequences of differential funding routes; reluctance of partner agencies to take ownership of policy objectives, and, failure to incorporate fundamental programme components until four years following national roll-out.

In addition, many specific local problems originated from different working environments, philosophies and cultures. Such problems also constrained the success of policy implementation and compromised the integrity of intervention practice, and fidelity to the evidence on best practice.

It was concluded that a pluralistic multi-agency approach was needed to deal with these problems, where for example, children and young people would remain engaged with the education system, and cultivate personal and organisational resources to tackle the challenges that life presents and avoid the drift into the drug culture that the DTTO programme was seeking to redress.

Despite these problems, the policy was viewed as successful in facilitating access to drug treatment.

Further research was called for to identify '*what works, how it works and in what context*', since on the evidence of this study, centralised policy initiatives – even allegedly evidence-based - may not be the best way of tackling complex cross-cutting societal problems.

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed..... (candidate)

Date 12th July 2007

STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated.

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed (candidate)

Date 12th July 2007

STATEMENT 2

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

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Date 12th July 2007

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Preface

Cross-cutting policy initiatives represent as much of a challenge for evaluators as they do for those organisations charged with implementing them. The complexity of activities in the process of implementing policies, within and between organisations, as they respond to the political imperatives to be seen to be taking action in tackling complex societal problems, is explored through an approach to evaluation that moves away from a single perspective approach, to one designed to capture the pluralism of stakeholder perspectives, and reflect contextual issues for the policy process.

The challenges arising from contextual factors have been explored through a public policy which introduced drug treatment within a criminal justice, community-sentencing framework, but also within a changing governance framework of devolved government. In so much as evaluation of cross-cutting policy is acknowledged as complex in itself, this research extends this knowledge by considering how jurisdictional issues of governance and accountability in political processes impact on centrally driven initiatives and how the issues of integrity and fidelity in the policy process may be compromised in such circumstances.

Many claims have been made that public policy is developed on the basis of evidence. However, political influences can impact on the nature of evidence and its quality and interpretation and questions remain as to whether there was sufficient evidence to suggest that it should work in the first place; whether it could work in specific locations and under particular conditions; and, whether evaluations identify predictors of success, for national roll-out of policy initiatives, in an environment which is in constant flux?

It is to these issues that this research is addressed.

Acknowledgement

I am extremely grateful to my supervisor Professor Ceri Phillips for his guiding hand, support and faith over the years that one day, this research would conclude. Perseverance has been a major feature in this research and I would also wish to express my heartfelt thanks to my family for their tolerance.

Special thanks go to colleagues Mary Cooksley and Gary Owen, who held the fort at work while I took some time out to write up this thesis.

I would also like to express my thanks to offenders who agreed to be interviewed for this research, from whom I learnt so much, and also to colleagues in the South Wales Probation Service who gave up their time to help in this endeavour and to Shan Davies for her advice and support.

Finally I would like to dedicate this research to the memory of my mother, who died at too young an age when she had so many plans for her future. Always missed and never forgotten.

Abbreviations

ACMD	Advisory Council on Misuse of Drugs
C&YP	Children and Young People
DTTOs	Drug Treatment and Testing Orders
DoH	Department of Health
DPAS	Drug Prevention Advisory Service
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
GP	General Practitioner
HAS	Health Advisory Service
HMI	Her Majesty's Inspectorate
HMIP	Her Majesty's Inspectorate of Probation
OSAP	Offender Substance Abuse Programme
MPs	Members of Parliament
MPSO	Money Payment Supervision Order
NAW	National Assembly for Wales
NHS	National Health Service
NTA	National Treatment Agency for Substance Misuse
NTORS	National Treatment Outcome Research Study
SSSO	Suspended sentence Supervision Order
UKADCU	United Kingdom Anti-Drugs Coordinating Unit
UK	United Kingdom
USA	United States of America
WAG	Welsh Assembly Government

Introduction.

Over the last ten years, an extensive chronicling into the growing menace of drugs and crime in society has been seen in the media, which often portrayed the public's perception of these phenomena as a social menace. Some examples of broadsheet and tabloid newspaper headlines included:

“Crime a day funds addiction to drugs”

(The Times 2 May 1996) www.timesonline.co.uk

“Drugs part of many teenagers' lives”;

(Hall 28 July 1997) www.telegraph.co.uk.

“Lessons on drugs for pupils aged five”

(The Times 20 April 1998) www.timesonline.co.uk

“70 pc of crime suspects on drugs”;

(Johnston 19 June 2001) www.telegraph.co.uk.

“Drug users cost us £44k a year”;

(Porter 24 November 2006) www.thesun.co.uk

The criminal justice system in this country and the United States of America (USA), along with their composite agencies, were seen to struggle in confronting the problems relating to drug trafficking and drug use, with one such UK media report crying:

“Century of struggle fails to curb drugs”

(Johnston 31 March 2000) www.telegraph.co.uk.

The political response to these issues in Wales was seen to gain prominence during the latter years of the Conservative government, the late 1980s, and later with the establishment of The Welsh Drug and Alcohol Unit; a non-governmental policy and

good practice unit to support the Welsh Drug and Alcohol Strategy (Welsh Office 1996). The establishment of this unit sought to bring together a range of professionals with differing expertise to lead and advise on policy and practice development and, at this time, policy and practice fell into the domain of public health. My interest in this area of drug misuse and crime came into sharper focus through my appointment as the Director of this national unit, and, as I became involved at UK and European levels in this policy arena, sought to understand the political drivers and influencing factors in formulating policy for tackling complex social problems, as exemplified by drug misuse and crime, and the significant challenges presented to organisations through the process of translating policy, through implementation, into action at the local level.

In the lead up to the general election of 1997, the Labour Party produced manifesto proposals to tackle what they saw as the association between drugs and crime. Following the election of a Labour government in 1997, politicians and social commentators were often heard to refer to ‘the epidemic of illicit drug misuse’, and ‘a war on drugs’ was declared by the Government; a rallying cry to action for both health and criminal justice agencies. At this time, the Government articulated their philosophy to public policy as one of ‘what matters, is what works’ and was seen to confirm the increasing interest in the role of evidence in both social policy and practice.

Significant Government investment in expanding the body of knowledge on the effectiveness of treatment for drug misuse ensued. However, as will be argued, these research programmes, upon which much of the policy for tackling drug misuse and

associated crime was predicated, did not consider whether these programmes would, and could work, in all settings with differing cohorts of individuals. Therefore, the nature of the evidence-base that was utilised in formulating the policy response of Drug Treatment and Testing Orders (DTTOs), as introduced under Sections 61 to 64 of The Crime and Disorder Act 1998, will be challenged in this evaluation.

Government, at this time, was seen to promote multi-agency organisational partnerships as the policy implementation mechanism for tackling complex social problems, but policy accountability varied between the agencies concerned. Not only was coherence at agency organisational levels required, but also, coherence between UK Government departments, and in the jurisdictional accountability for policy between England and Wales. Furthermore, centrally driven policy initiatives, distanced from the cultural context in which policy implementation was to occur, need to be contextualised by those multi-agency organisational partners, locating that policy in the socio-economic, political and organisational contexts for meaning to be ascribed (Yanow 1993).

The organisational partners responsible for planning and implementing the DTTO policy in South Wales are defined in this study as organisational stakeholders in the policy process. It was through the eyes of these organisational stakeholders that this study has sought to undertake a 'bottom-up' approach to evaluate the policy process within a local context, and understand the contextualised meaning of the DTTO policy in South Wales, through a methodological approach that captured this organisational plurality. In so doing, the evaluation set out to identify the success factors and constraints imposed on

successful implementation of a centrally-driven UK policy initiative, of DTTOs for drug misusing offenders, in South Wales. In answering this research question, four objectives were established:

- to determine the extent of the drug misuse problem among offenders within South Wales and derive an estimate of the potential number of target offenders for DTTOs for the first year of implementation
- to develop expert stakeholder derived criteria for evaluating the success of the local policy implementation
- to identify key successes, obstacles and constraints in the local policy implementation process
- to identify the extent to which socially located interpretations, culture and structures, have constrained the successful implementation of the policy.

Having determined the research aim, to identify the success factors and constraints imposed on successful implementation of a centrally-driven UK policy initiative of Drug Treatment and Testing Orders for drug misusing offenders, the challenge then arose as to how best to evaluate this complex cross-cutting public policy?

The concept of pluralism of stakeholder organisational policy response, along with the diversity of vested interests this creates, was a factor in this policy process that seemed to call for a pluralistic perspective in framing the evaluation. In so choosing such an approach, a choice had to be made between the ideal and the practical. An evaluation framework was chosen to frame the study from the perspectives of those organisational

stakeholders with responsibility for implementing the policy at the local level; the justification being that:

“The policy-action relationship needs to be considered in a political context and as an interactive and negotiated process, taking place over time, between those seeking to put policy into effect and those upon whom action depends”

Barrett and Fudge 1981 p 29.

Furthermore,

“Explaining - and ultimately improving – the way policy intention influences policy action is the research agenda, by whatever name”

O’Toole, 2000 p 281.

To assist in achieving the research aim and objectives, literature from the fields of public policy, evaluation studies, and the rich body of knowledge on effectiveness of interventions in the criminal justice and drug treatment arenas, formed the foci of the knowledge base utilised in this study.

The thesis commences with a description of the conceptual arguments, originating from the literature on the public policy process and seen as relevant in addressing the research question of identifying the success factors and constraints imposed on the successful implementation of DTTOs for drug misusing offenders, in South Wales. It explores how ideas are transformed into policy and introduces the specific UK policy in relation to tackling drug misuse, and the specific DTTO policy to assist in framing this study. The study will contend that what is important is not just that policy works, but that there is a need to understand how it works, and within what contexts, particularly so in a political environment where centrally driven policy initiatives are rolled out to wider constituencies with differing jurisdictional arrangements in place.

Chapter One concludes by mapping out the structure of subsequent chapters in this thesis.

Chapter One.

1.1. General introduction to the development of public policy.

One of the many challenges for politicians in democratic societies is to develop public policies to tackle the multiplicity of societal problems. In a democratic society, as here in the UK, political parties articulate their intentions to the electorate by means of these policies. A responsibility is then imposed on the elected government to enact those policies in a systematic way, with policy analysts motivated to contribute and assist in a rational policy-making process. At least that is the theory.

Calls for a move away from a single perspective research approach, to one which reflected the complexity and dynamics of the interaction of the individual and group players attempting to put the policy into action, have been considered in the design of this evaluation. The argument has also been considered for an alternative perspective that focused on the players and agencies themselves, their interactions and for a ‘bottom up’ analysis by organisational stakeholders as a method of providing a clearer picture on the influencing factors for success, the obstacles and constraints for a centrally driven policy to be implemented at the local level.

Of particular relevance in this study is the issue of devolved government in the UK, particularly so in Wales, where the creation of the Welsh Assembly Government (WAG), (Government of Wales Act 1998) had considerable autonomy over policy-making and implementation in the fields of health, social services and education, among

others, and the consequential impact on the implementation of centrally driven policy initiatives. In relation to the policy initiative considered in this study it is important to point out that policy and legislative accountability is retained at the UK level, which introduced another set of relationship issues into the policy process at the local level. This jurisdictional tension was an important consideration, as it was contended that integrity of policy formulation was, in itself, politically inadequate without due consideration of the implementation process for the national roll-out of centrally driven UK wide policy initiatives.

Furthermore, public policies have to be planned for, and implemented, within organisational frameworks, which further raised issues of integrity, intervention practice and fidelity to the policy aims as important considerations, along with the impact such policy had on individuals, organisations and communities.

Barrett (2004) has challenged the traditional policy/action paradigm, the policy-centred view of hierarchical relations between policy-making and implementation, suggesting that implementation should be regarded as integral to the political policy process and seen as a policy-action dialectic through negotiation and bargaining. As a consequence of this negotiated perspective, it was argued, implementation analysis needed to shift away from formal organisational hierarchies, communication and control-mechanisms, to ones of power-interest structures and relationships between participating actors and agencies. Policy networks have emerged as horizontal multi-organisational structures for

implementing complex cross-cutting policy. The challenges for such collaborative working have been identified by Huxham (1996; 2000) and include:

- difficulties in communication
- differences in policy comprehension
- degree of bureaucratic discretion among constituent members.

There has been some debate as to whether the traditional approach to public policy implementation studies remains relevant, given the introduction within policy arenas of other concepts, such as regulation, innovations, management and evaluation. Schofield and Sausman (2004), considered Barrett's (2004) central argument that implementation studies had never gone away, but that the introduction of managerialism had led to the adoption of other disciplinary approaches to studying policy implementation. They also warned against seeing the process of implementation as a performance agenda, equated to conformance with policy targets. Schofield and Sausman (2004) also made reference in their paper to O'Toole's warning (undated) against using too narrow a definition, or homogeneity of methodological approach, in the study of policy implementation. Schofield and Sausman concluded that the concepts of evaluation and evidence-based practice have now to be incorporated into policy analysis and argued that one of the consequences of the rise in movement for evidence-based practice, has been a resurgence in the importance of research and critical appraisal skills within the policy process; that is, seeing both the content and context of public policy implementation as important. Such a view has emerged as a central theme in this study.

As the aim of this study is to identify the success factors and constraints imposed on successful implementation of a centrally-driven UK policy initiative, one of the first considerations has been a review of the literature on policy formulation and the conceptual arguments relevant to the specific policy arena. The importance of this, as will be demonstrated, is to confirm the contention that policy formulation is a dynamic process with many vested stakeholders. What may have started out as a policy aspiration can look very different at the local level when implemented as a front-line service.

Commentators have identified the problem of defining the concept of policy and the inherent difficulties to treat it as a very specific and concrete phenomenon. While Cunningham's (1963) description is one that may generate a smile,

"Policy is rather like the elephant – you recognise it when you see it but cannot easily define it"

(Cunningham 1963 p.229).

the description does little to illuminate the paradigm.

Friend, Power and Yewlett (1974) can help in the illumination process, as they comment that policies could be defined as stances, interpreted as illustrating political commitments to specific action. Hill (2005) described policy as a "slippery concept" (p179) that emerged through an elaborate process and went on to warn that the concept of policy formulation was very elusive, and was sometimes used to suggest a rational process undertaken in an organised way, with specific goals. He observed that policy could sometimes be identifiable in terms of a decision, but that it more often involved either groups of decisions or what may be more loosely seen as an orientation, while Barrett and Hill (1981) identified that it involved many compromises on the way.

Furthermore, policies can be observed to change over time; earlier statements of intent may not remain. Incremental adjustments could occur or major changes of direction. Historical recognition of this in the literature can be drawn from Friedrich (1940):

“public policy is being formed as it is being executed, and is likewise executed as it is being formed

(Friedrich 1940 p. 6).

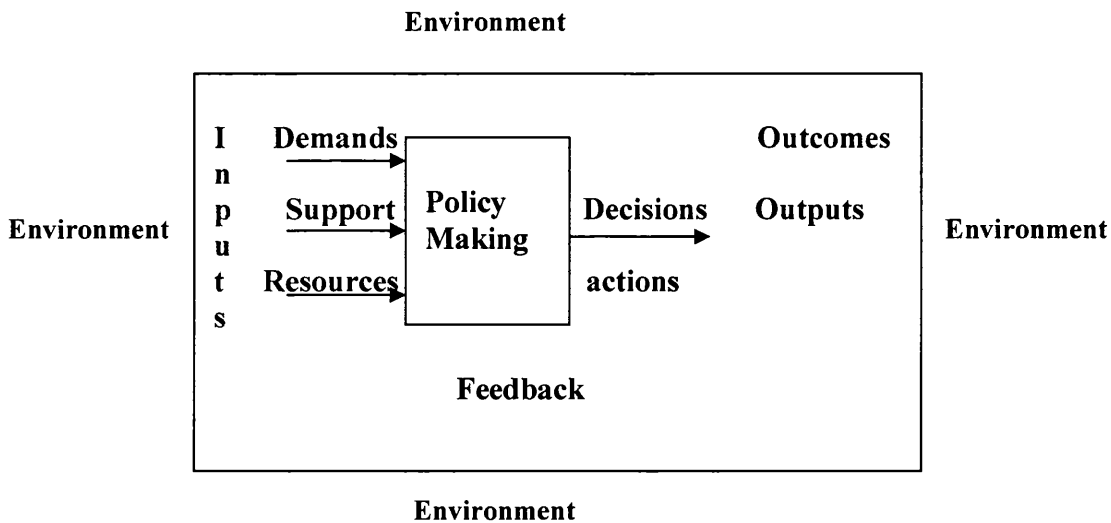
One of the considerations seen in the literature was whether public policy differed in any respect from other types of policy formulation? Hill (2005) argued that State policy was only different in terms of its legitimacy and primacy over other policies. He defined the State as consisting of both the institutions that make it up, and also as constituting the functions these institutions performed. He acknowledged that there were various levels of State institutions, located at national, regional and local levels, as well as supra-state institutions.

A concept developed to assist in comprehending the complexities of the process of decision-making, is the model of policy stages or cycles. The systems approach outlined by Easton (1953, 1965a, 1965b) gained considerable prominence in the literature. Easton argued that political activity could be analysed in terms of a system containing a number of processes which must remain in balance if the activity was to survive, and that within the systems framework, there was a process of feedback through which the outputs of the system influenced future inputs into the system. Hill (2005) viewed the main merit of systems theory was that it provided a way of conceptualizing complex political phenomena and was useful in disaggregating the policy process into a number of different stages, each of which became amenable to more detailed analysis. However

Parsons (1995) was critical of this approach, commenting that it was potentially misleading and too simplistic to describe such a complex process.

Barker (1996) considered the notion of health care policies as systems, as an adaptation from the work of Easton (1972). Figure 1 illustrates Barker's policy-making process adaptation of Easton's systems model. In this she points out that it is important to recognise that referring to 'a health care system' is an abstract notion; this same argument can be seen to equally apply to 'the criminal justice system'. Both systems can be seen to be composed of multiple agencies, each of these agencies having different roles, remits, activities and processes within the system, and each system may be subject to different elaborations in definition or explanation on their constructs. Both systems have components that interact within an environment, which in turn, can be seen to provide the context in which these interactions take place.

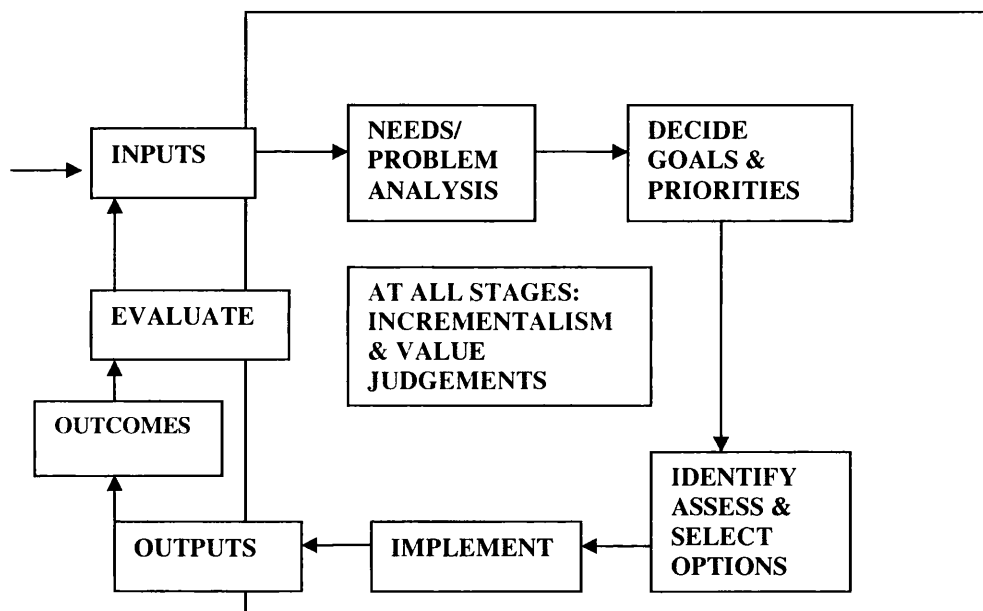
Figure 1. Systems diagram of the policy-making process.



(Barker 1996 p24).

More recently, Palfrey et al (2004) have produced their elaboration on the Easton model (Fig 2) observing that it continued to be a useful description as long as cognisance was paid to the micro, meso and macro political considerations, further warning against too restrictive an interpretation of the model, i.e. seeing it as a linear process, highlighting that the reality of policy process required iteration, often through implementation. This iteration of the Easton model followed the earlier modifications by Thomas (1988).

Figure 2. Modified systems model:



(Palfrey et al 2004 p4).

Both these models illustrate the inter-relationship and connectivity of the activities and processes of the policy-making process and the iterative nature of policy.

Hill's view that, from an empirical perspective, policy processes were in many respects continuous processes of evolution, in which a realistic starting point could be far back in history, appeared to accord with that of Easton, who recognised the importance of system theory feedback influencing future configurations of political activity. This is an important aspect of evaluation theory which this study will explore more fully.

The literature reviewed reported on two polarized approaches to policy formulation to explain the process: the 'rational' model of policy making and secondly incrementalism. The main proponent of the 'rational decision-making' approach, Herbert Simon, theorised that administration had to be concerned with:

“the process of decision as well as with the processes of action.”
(Simon 1957 p1.)

Simon explained that this involved making decisions, on the basis of a selection from alternatives which were cognisant of the need to achieve organisational goals or objectives and he considered this to be fundamental in giving meaning to administrative behaviour. Simon's description of “rational” seemed to equate in terms of the relationship between means and ends. However his writings illustrated that he recognised the difficulties with his version of the rational approach and recognised the dichotomy of whose values and objectives were to be used in the decision-making process, that organisations were not homogenous, and that organisational goals were implemented by individuals and groups who often had discretion in interpretation. Furthermore, that it rarely proceeded in a logical and comprehensive way; the ideal rational model requiring the prior specification of ends and the identification of means of

reaching them. Simon conceded that this represented an idealised view of decision-making, and he attempted to mitigate this restriction by introducing the concept of “bounded rationality” in later editions of his work (1957 p.xxiv) to describe decision-making in practice.

In summary, criticisms of Simon’s theories focused on his failure to acknowledge that policy formulation was an interactive process, involving individuals with often conflicting interests and goals and also failed to acknowledge that policy formulation was a complex and collective process.

A leading critic of this ‘rational’ method of decision-making was Lindblom (Braybrooke and Lindblom 1963). In its place, he proposed a process that involved the changing of policy incrementally, arguing that ‘incrementalism’ was a good description of how policies were actually made and also represented a model of how decisions should be made. He claimed one of the advantages being, that serious mistakes could be avoided if only incremental changes were made.

Lindblom (1965) considered how to achieve coordination between people in the absence of a central coordinator and described “partisan mutual adjustment” as a concept to describe how this coordination could be achieved in such a situation. The literature described the process of how independent decision-makers coordinated their behaviour by both adaptive adjustments and manipulated adjustments. Harrison, Hunter and Pollitt, (1990) identified the weaknesses in Lindblom’s argument, as they observed that changes

could occur in a context in which certain parties were dominating and therefore “mutual adjustment” (p8) did not occur. They illustrated their argument by reference to the changes in British health policy, where medical interests have tended to dominate.

Later work by Lindblom (1977 and 1979) illustrated a shift in his position from one in which bargaining was seen as both inevitable and desirable, to one in which ideology was seen to play a role. March and Olsen (1996) further supported this viewpoint arguing that:

“insofar as political actors act by making choices, they act within definitions of alternatives, consequences, preferences (interest), and strategic options that are strongly affected by the institutional context in which the actors find themselves.”

(March and Olsen 1996 p. 25).

Hill (2005) went on to argue that as far as the rationalism/incrementalism debate was concerned, it was beside the point when it came to party political commitment or ideology and provided a scenario to illustrate his point:

- a problem arises on which it is difficult for government to develop an effective response –its causes are unknown, or beyond the reach of government action, or are phenomena with which the government is reluctant to deal (for example, economic influences on crime)
- nevertheless, the key policy actors want to be seen to be ‘in control’ or at least doing something (they have made claims that they can manage the economy, combat crime, solve international conflicts)

- in addition, some of the actors are driven by strong ideologies (particularly important as far as politicians are concerned).

The result is a series of actions that are presented as problem-solving but which may equally be the thrashing around of a system that needs to be seen as active but does not really know what to do: in these circumstances it is important not to be deceived by the rational action language politicians are likely to use.

(Hill 2005 p.152).

In considering how policy is formulated, there is also a place to consider how it is translated into action at the local level. During the first half of the twentieth century there was little empirical work in political science on the study of the processes by which policies were translated into action. Since that time, implementation studies have come to significance. Pressman and Wildavsky (1973) have been credited with contributing the seminal work in this area. Writing on American policy, they observed the apparent gap between aspirations and local reality and these observations illustrated important considerations for policy implementation in other societies. Significantly they contended that successful implementation depended upon the degree of co-operation secured between and within agencies in the implementation chain, commenting that this needed to be close to 100% if an implementation deficit was to be avoided. This is an issue to which this study will return later in Chapter Nine.

The distinction between policy formulation and implementation in the literature on policy process was most notably highlighted in stageist approaches to policy analysis

(Van Meters and Van Horn 1975). The literature referred to the policy rhetoric in which the view that some people had the responsibility to be leading decision-makers, while others had duties to carry out the policies of their masters, while less openly articulated today, may still be played out in practice. In this scenario, powerful people have a vested interest in promulgating this rhetoric, as it could serve a purpose in blaming implementers when events were not seen to meet expectations.

The two approaches to implementation reported in the literature: ‘top-down model’ of implementation and secondly, ‘bottom-up’ approach, vary in the degree to which they are applied, are dependent on the policy arena under development and influenced by the preferences of powerful decision-makers. In the ‘top-down’ model, there was a clear distinction between policy formulation and policy implementation and was deeply rooted in the stageist model. This could be illustrated by reference to Van Meter and Van Horn’s (1975) description:

“those actions by public or private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions”

(Van Meter and Van Horn 1975 p.445).

A similar interpretation was offered by Pressman and Wildavsky (1973; 1984 3rd edition: p.xxi).

However Bowen (1982) asserted that the argument was overstated, as policy formulation and policy implementation rarely occurred as isolated incidents – rather, more often as part of ongoing collaborations. Hill (2005) also raised questions about the ways in which policy transmission occurred through multi-governmental systems, referencing

Pressman and Wildavsky's (1973) argument, that successful implementation was dependent on the linkages between organisations and departments at the local level.

The alternative approach, according to Elmore, was 'bottom-up' - defined as:

"backward reasoning from the individual and organisational choices that are the hub of the problem to which the policy is addressed, to the rules, procedures and structures that have the closest proximity to these choices, to the policy instruments available to affect those things and hence to feasible policy objectives"

(Elmore, 1981, p. 1; Elmore 1980).

The important questions that policy evaluators need to ask of policy can be informed by

Yanow's (1993) deliberations:

"in application to policy and implementation analysis, it calls on us to ask: what does a policy mean? To whom, aside from its drafters and implementers, does it have meaning? How do various interpretations of meaning affect policy implementation? These are the sorts of questions that need to be answered with respect to specific policies. Asking "how" of policy means is asking how a policy accrues meaning; where meanings reside; how they are transmitted to and among various policy stakeholders: how they come to be shared or not shared: how they may be destroyed."

(Yanow1993 p.17).

To take up this challenge of considering the meaning of policy, an approach to methodology that captures this plurality is needed. Hjern and Porter (1981) and Hjern and Hull (1982) have argued for a methodology that constructed empirically the networks within which field-level, decision-makers carried out their activities, without predetermining assumptions about the structures within which these occur. Barrett and Hill (1981) were also supporters of this approach, arguing for policy research to move away from a single perspective approach to one which reflected the complexity and dynamics of the interaction of the individual and group players attempting to put the policy into action. They argued for an alternative perspective that focused on the players

and agencies themselves, their interactions and for a ‘bottom up’ analysis as a method of providing a clearer picture on the influencing factors, the how and the why. They were critical of the control implied by the ‘top down’ theorists for the reason that many of the actions required through implementation, by their very nature, were difficult to control and they called for a more realistic approach.

The impact of research on the dynamics of the policy process and the extent to which evidence based policy can be realised within a political process were important further considerations in this study. The policy process has been shown to be complex, multilayered and political in nature, and involving many participants. One of the issues, which cannot be underestimated, is that while policy is being implemented it is also being formulated; and that within these processes, power influences could be exerted for personal ends rather than for solving societal problems (March and Olsen 1996; Hill 2005).

To assist in contextualising this study into the relevant policy framework and aid understanding of the arguments being developed, a brief introduction to the policy arena for tackling drug misuse and how it has been association with crime, will follow.

1.2. Development of government policy to tackle crime and substance misuse.

Calls have been made, as indicated above, for policy research to move away from a single perspective approach to one which reflects the complexity and dynamics of the interaction of the individual and group players attempting to put the policy into action.

Arguments have been made for an alternative perspective that focuses on the players and agencies themselves, their interactions and for a 'bottom up' analysis as a method of providing a clearer picture on the influencing factors, the how and the why.

The Conservative government's approach to drug misuse in the 1990s was to see it as a health and social problem, with attempts to tackle it framed within the delivery systems of the health and social services. The strategic framework for England published at this time (Lord President 1994 Cm 2678) articulated the Conservative government's policy. However, the Conservative government of later years, and the Labour Government since 1997, have sought to portray themselves as the champions for law and order. Law and order was, and remains, high on the political agenda. Central government initiatives, since the general election in May 1997, have therefore shown an increasing trend towards tackling youth crime, unemployment and substance misuse. Public support for this has been demonstrated by Tarling and Dowds (1997), who observed that the majority of the public supported a 'get tough' approach to crime, a sentiment evident in the way in which Tony Blair (MP) set about developing Labour policy proposals in the run up to the general election of 1997, and in the Labour Government's approach in subsequent years.

The Labour Party's proposals for tackling crime and drug misuse were articulated during 1994, in the form of a consultation paper "Breaking the Vicious Circle" (Straw, 1996), in which they indicated that drug misuse was one of the most serious single factors contributing towards Britain's crime wave. The consultation document highlighted that

since the Conservatives came into office in 1979, the number of drug addicts notified to the Home Office Addicts Index (Home Office 1997) more than doubled from 17,755 to 37,164 in 1995, and warned that this was probably a significant under representation of the problem. The proposals contained practical measures to tackle drug related crime, and promised to prioritise those factors, particularly powerfully associated with repeat offending, such as drug misuse, to break the vicious circle that fuelled crime. Reference was made to American data, which suggested that offending rates were reduced when offenders were in treatment, arguing that this meant that programmes quickly paid for themselves in terms of reduced costs to, and arising from, the criminal justice system. The policy proposals went on to highlight that the majority of offenders convicted of a drug related crime received custodial sentences. It therefore indicated that effective community based interventions were essential in order to break the drug-crime link. The proposals recognised that the links between drug misuse and crime were complex.

The cost to the public purse of dealing with drug related offending was a much vaunted justification for developing more robust policy in this area. Maden et al (1991) had estimated that given that 11% of sentenced male prisoners in the United Kingdom were known to be dependent on drugs at the time they were imprisoned, the cost to the prison service for this group was in excess of £160 million. In addition, when one considered the costs to police, probation services, the court system and the criminal justice costs of dealing with drug dependent offenders, it was likely to be in excess of £1billion.

The Labour Party planned a much more rigorous approach to drug related offenders, drawing on the lessons learnt from American programmes.

The social, health and criminogenic problems of drug misuse were beginning to gain greater recognition in the policy arena and the academic literature in the lead up to the general election of 1997. During 1996, Hough published an influential review of the literature regarding drug misuse and the criminal justice system, in which he concluded that illegal drug use was widespread and that a small minority of drug users developed dependency problems and financed some part of their drug misuse through acquisitive crime. Bennett (1998) further contributed to the debate and pointed to a much greater consumption of drugs by arrestees than by the general population and found that most acquisitive crimes were likely to be committed by opiate and cocaine users, with nearly half of the arrestees stating that their drug misuse and offending were connected.

It was evident that significant drivers were in place, both in the run-up to the general election of 1997 and subsequently for a Labour government elected on a mandate to be 'tough on crime and tough on the causes of crime', for the emergence of new policy approaches to tackling high profile issues of public concern. Having been elected on such a mandate, the challenge has been for the new Labour government to deliver policy initiatives to realise these aspirations. Crime is a complex social problem with no easy solutions.

Shortly after the general election of 1997, the new Labour government set about introducing new policy initiatives in response to the growing concerns and association of drug use and crime in the UK. Law and order was high on the political agenda. Successive governments had grappled to find solutions that were acceptable to the public in terms of punishment and reparation, but also, attempted to attend to the causes of crime through rehabilitative processes. One new policy initiative introduced a 'marriage' of service delivery between health treatment services in a community setting and a legally enforceable Court order under the supervision of the Courts and probation services – Drug Treatment and Testing Orders (DTTOs) (Crime & Disorder Act 1998). This new policy's origins lay in the United States of America, where the programme focus was on addressing both offending behaviour and drug misuse, in those offenders predominately committing crime to fund their drug misuse. The Government departmental policy lead, to translate the American experience into the cultural context of the UK, was held by the Home Office.

The existing strategic approach to tackling drug misuse in England "Tackling Drugs Together" (Lord President 1994 Cm 2678) was reviewed and the Government appointed the first UK Anti-Drugs Co-ordinator to lead the emerging strategic development, which was to encompass all countries within the UK. The new UK Drugs Strategy was launched in April 1998, "Tackling Drugs To Build A Better Britain. The Government's Ten-year Strategy for Tackling Drug Misuse" (UKADC 1998 Cm 3945). This proposed to enact the political commitments to tackle crime and associated drug misuse by enabling the Courts to issue a DTTO as an alternative to a custodial sentence for

individuals convicted of repeated drug dealing or drug related property offences. These orders were introduced under Sections 61 to 64 of the Crime & Disorder Act 1998. The appointment of the UK Anti-Drugs Co-ordinator may have been an attempt by the Prime Minister, Tony Blair, to contest the traditional model of civil service advice, and this, combined with Anti-Drugs Co-ordinator's responsibility for delivering the targets set out in the Government's drug's strategy, may be seen to represent an 'insurance policy' for when a 'fall guy' was needed, should these targets not be achieved.

Ideas, knowledge and research evidence have played, and will continue to play, an important role in the policy process, as can be seen with the rise of evidence based policy reaching its climax in 1997, when the Labour government was elected with the philosophy of 'what matters is what works'. According to Davies et al (2004), this signaled a conscious retreat from political ideology; further commenting that subsequent government initiatives for modernisation confirmed the central role of evidence in policy-making for the future.

The Labour government have invested in expanding the body of evidence on the effectiveness of treatment for drug misuse, and particularly its cost effectiveness in relation to savings to the criminal justice system (and society as a whole), by funding The National Treatment Outcome Research Study (NTORS). This was the largest study of its kind undertaken to date in the UK and tracked over 1,000 drug misusers through various forms of treatment. It concluded that for every £1 invested in treatment, there

was a saving of around £3, largely due to a significant reduction in criminal activity amongst participants (Gossop et al, 1998, 1999).

However, Nutley and Davies (2004) observed that policy making at the Home Office has not always been guided by the evidence on 'what works', and have contended that much criminal justice policy has been formulated more so on political and ideological viewpoints, than on evidence.

Despite the Government's philosophy of 'what matters is what works', in practice the desire to control policy from the centre, the way it was formulated, and how it was presented (spin doctored) to the public, has been seen to have emerged. Furthermore the public's perception of 'spin doctoring' has done little to assure the public of the Labour Government's credibility, which, could be argued to raise questions about the integrity (Tilley 2006) of the policy development process.

Of relevance in this study, is that public policies have to be planned for and implemented within organisational frameworks. An implementation process is a complex set of activities within, and between organisations involving considerations of (and sometimes changes to) roles and relationships and indeed, inter-organisational relationships. The extent to which policy-makers have paid attention to this implementation process in the DTTO policy process is in question in this study. Drawing on my own experience of managerial responsibility for implementing government policy in the health service, my experiences over recent times have led me

to the view that policy-makers may presume that it follows a logical process. From a managerial perspective, it often appeared that too little attention was paid to the “how” “why” and “what works” at the policy formulation stage and significantly “in what contexts”. These, along with issues of power and governance are becoming increasingly important given the growing interdependency of policies on inter-professional and inter-disciplinary collaboration and the devolved administration arrangements giving rise to jurisdictional tensions.

Commentators in the literature have noted that achieving consensus in pluralistic policy development and implementation has been largely ignored, and the need for theory driven approaches to evaluation to understand ‘what works’ but also ‘why’ it works have been emphasised (Davies and Nutley 2004). In understanding ‘what works’ and ‘how’ it works a ‘bottom-up’ approach to evaluation is advocated, with attention paid to the local front-line of service delivery, ‘what works’ for individuals (in their interest and expectations) and in ‘what contexts’. Yet there appeared to be paucity of UK research literature on the implementation of government policy, often manifest as centrally government driven initiatives, in differing cultural and jurisdictional contexts. Calls for such research have been made by Patton (1997) who has written extensively on the concept of utility in evaluations, on the need for information for action and decisions. Of particular interest in this study is the importance of the different, and sometimes conflicting, perspectives that stakeholders can hold regarding the evaluation process, and their views on what constitutes success.

1.3. Focus of this study.

In the public sector, assessment of the relative success or failure of policy initiatives and programmes has tended to be either ignored or superficial (Palfrey et al 1992). There has, over more recent times, been a demand for objective evaluation of programmes aimed at assessing the extent to which programmes were achieving their stated aims (**fidelity**) (Tilley 2006) and the impact of such programmes on individuals, organisations and communities. Where policy is purported to be evidence based, as is the case in DTTOs, it is an argument in this study that, having an evidence based approach to policy (**integrity**) (Tilley 2006) is in itself inadequate without due consideration of the implementation process for national roll-out of centrally driven programmes. What is required is a move away from a single perspective research approach to one which reflects the complexity and dynamics of the interaction of the individual and group players attempting to put the policy into action. The argument presented is for an alternative perspective that focuses on the players and agencies themselves, their interactions and for a ‘bottom up’ analysis as a method of providing a clearer picture on the influencing factors for success, the obstacles and constraining factors for a centrally driven policy to be implemented at the local level in differing cultural and jurisdictional contexts.

The Home Office have published evaluation reports on the piloting of the DTTOs and the impact of these orders on offending behaviour (Turnbull 1999; Turnbull et al 2000; Hough et al 2003). Despite Welsh Probation Services submitting proposals to operate a pilot site, all three pilots took place in England; Croydon, Liverpool and Gloucester.

These pilot site evaluations will be reviewed to elicit what contributions they made to addressing differing cultural and jurisdictional issues for the national programme roll-out.

This study aims to contribute to this body of knowledge and has developed Welsh multi-organisational stakeholder criteria on which to evaluate the implementation of the Drug Treatment and Testing policy within an area of South Wales. To achieve this, the study was designed to capture the pluralistic perspective and to limit the dominance of professional power and politics in the evaluation process.

Chapter Two will expand on the concepts on the implementation of policy, contextualise the organisational and demographic setting within which this study has been applied and detail the research aim and objectives, before moving on in Chapter Three to examine the role of stakeholders in the policy process, consider the theoretical perspectives on evaluating organisational processes, and articulate the focus of this study as a pluralistic evaluation of policy implementation. Chapter Four discusses the design and methodology adopted in this study to evaluating complex cross-cutting policy and Chapter Five reviews the evidence base of relevance to the DTTO policy process. Chapter Six explores the local context in which the DTTO policy was implemented in South Wales and provides the contextual setting within which the findings reported in Chapters Seven and Eight were located. Chapter Nine provides a detailed discussion on the key findings, as they relate to the research question and objectives, with concluding remarks and recommendations presented in Chapter Ten.

Chapter 2.

Implementing policy and the local context.

In the public sector, assessment of the relative success or failure of policy initiatives and programmes has tended to be either ignored, or superficial, and a demand has been articulated for objective evaluation of programmes aimed at assessing the extent to which programmes were achieving their stated aims (**fidelity**) (Tilley 2006) and the impact of such programmes on individuals, organisations and communities. The jurisdictional tension identified in Chapter One, is an important consideration in determining policy integrity in rolling-out centrally driven, UK wide programmes, as exemplified in the policy to tackle acquisitive crime and drug misuse through the implementation of DTTOs in South Wales. Furthermore, public policies have to be planned for and implemented within organisational frameworks which also raised issues of integrity of intervention practice. This Chapter considers how knowledge and ideas inform the policy process and reviews the contributions of key commentators on the implementation of public policy.

2.1. Evaluating the implementation of policy.

Much of the pioneering work on the way in which research has been utilised and its impact on the dynamics of the policy process, has been undertaken by Weiss (1979). In 1979, she commented that it appeared to take an extraordinary set of circumstances for policy decisions to be directly influenced by research. More recent commentators, for example Stoker (1999), have provided some reassurance that ideas, knowledge and

research evidence have played, and will continue to play, an important role in the policy process, and illustrated this point as evident through the rise of ‘evidence based’ policy, when the Labour government was elected with the philosophy of ‘what matters is what works’.

According to Davies et al (2004), this signalled a conscious retreat from political ideology, commenting that subsequent government initiatives for modernisation confirmed the central role of evidence in policy-making for the future. They concluded that the White Paper on *Modernising Government* (Her Majesty’s Government 1999 Cm 4310) was clear in advocating that policy decisions should be based on sound evidence. However, it might be argued that evidence based policy was, in itself, an ideological stance (Leicester 1999; Black 2001).

Alongside this has also arisen the notion of ‘evidence based’ practice, having been influenced by public demand for reassurance that taxes were being well spent and that, what was being done was worthwhile. Evidence to support this could be seen in the emergence of organisations such as the Audit Commission, Parliamentary Select Committees and numerous watchdogs and regulators.

However, one of the challenges that Davies, Nutley and Smith (2004) acknowledged was in determining what constituted ‘evidence’. They commented that:

“perhaps the unifying theme in all the definitions is that the ‘evidence’ (however construed) can be independently observed and verified and that there is broad consensus as to its contents (if not its interpretation)”
(Davies Nutley and Smith 2004 p2).

Davies, Nutley and Smith (2004) proceeded to define 'evidence' as comprised of the results of:

"systematic investigation towards increasing the sum of knowledge"

(ibid p3)

adding that all sorts of systematic inquiry made a significant contribution to the rational development of public services. However, they declared their interest as focused on the 'evidence' of 'what works' in practice and provided guidance on methodological approaches for assessing 'what works' (Davies et al 2004 p6).

Evidence based practice and treatments are well to the fore in healthcare provision, displaying a strong willingness to consider 'evidence' as an essential component of decision-making (Davies and Nutley 2004). Furthermore they observed renewed interest in the role that 'evidence' could play in shaping crime reduction policies and practices, and also observed that criminal justice research was characterised by its methodological plurality and a belief in the need for theory driven approaches to evaluation in order to understand 'what works', but also 'why it works'.

Davies, Nutley and Tilley (2004) observed a growing unease with experimentation, and argued that it rarely offered useful insights into "*why*" one intervention performed better than another, when the real interest lay in 'what works' and '*in what context*'. Davies et al (2004) observed that a contribution to 'evidence based' policy and practice could be made by qualitative research:

"Qualitative methods can help to formulate and focus the key evaluation questions, shed light on underlying theories supporting intervention design and highlight the outcomes to be examined"

(Davies et al 2004 p. 10).

These methods were viewed by proponents to have an important contribution to make to understanding the ‘context’ within which policies must be framed and implemented.

However, critics argued that policy-making was more chaotic and a more political process than implied by an explicitly ‘evidence based’ approach. One such critic, Stoker (1999) has challenged the view that society was indeed guided by science, observing that it was, in fact, more guided by politics and went on to state that:

"Politics is more about the art of the possible or generally acceptable than what is rational or might best work"

(Stoker 1999 p 14).

Nutley and Webb (2004), provided two examples of where centrally driven initiatives were implemented either based on flimsy evidence, or flew in the face of evidence on effectiveness - the introduction of the Patients Charter and NHS Direct.

Davies, Nutley and Smith (2004) attempted to counter criticism by suggesting that a more modest approach needed to be taken and argued for:

“*evidence-influenced*” or *evidence-aware* policy process” (original in italics)
(Davies Nutley and Smith 2004 p 11).

However, despite these differing views, commentators agreed that there was an ongoing interaction with evidence in public policy making, although the nature of this relationship could vary depending on the nature of policy area. Even where policy could be seen to have been influenced by evidence, as will be expanded upon later in this research, the quality of that evidence may be questionable, as assumptions cannot be made that, a policy that may work in middle England, would do so in the context of South Wales.

Another dimension to the drive for 'evidence based' policy has been observed since the Labour Government came to power in 1997. This has manifest as a move towards encouraging consultation with the public in the formulation of 'evidence based' policy, with the aim of widening the membership of policy communities. Challenges existed for policymakers, practitioners and researchers arising from this approach. Martin and Sanderson (1999) observed that as part of this approach, government ministers worked with local agencies to develop and test new models of service delivery, arguing that as a consequence, a different agenda might emerge, leading to more practice based policy options. Nutley and Webb (2004) suggested that managing the piloting and review process, and making sense of the information that derived, was a complex process in a fast changing policy arena. They commented on the concerns that have also been raised about the effect such an approach had on research, as researchers had to combine traditional roles of analysis with new ones as facilitators and process consultants. Walker (2000) also raised concerns that in this approach, evidence may not have been derived through an objective process but rather:

"evidence led may mean what we want for our own political purposes"
(Walker 2000 p. 23).

Similarly, criteria used in conducting evaluations could often be influenced by the most powerful group.

Nutley and Webb (2004) postulated that the call for policy choices to be made in the light of research evidence, could be seen to fit well with a rational decision-making model of the policy process as supported by Bulmer (1986). However, they observed that criticisms of this model focused on its inadequate interpretation of the policy-

making process in practice. They observed that one such critic offered an alternative description of the policy-making process - disjointed incrementalism (Braybrooke and Lindblom, 1963) and termed this:

"the science of muddling through"
(Lindblom 1959 p. 27).

Nutley and Webb (2004) explained that the incrementalist model supported the process for research to be fed in at many different points in time and could target different parties in the policy-making process. However, they commented that Bulmer (1986) was critical of this model viewing it as a control mechanism in that the groups and individuals involved in the policy-making process used the knowledge to influence others. They further commented on Lindblom's early approach to incrementalism and explained that Lindblom assumed that multiple interests impacted on the policy-making process, and that the resulting policy emerged via a process of mutual adjustment and the achievement of consensus. Nutley and Webb (2004) made reference to critics of this viewpoint (Dror, 1964, 1989; Etzioni, 1967), who argued that the policy change was not always preceded by reaching consensus, instead the more powerful tended to dominate. However, Nutley and Webb (2004) recognised that Lindblom's later work was revised to acknowledge that not all interests and participants were equal; some were considerably more powerful than others.

Parsons (1995) observed that there were some common concerns underlying both the rational and incremental models of policy-making, and what was common between these approaches was the belief that, by changing the relationship of the political process to one of knowledge and information, could lead to improvements of decision-making.

The work of Heinemann et al (1990) can shed some light on the reasons for this lack of use; theorising that this was due to the information overload that existed in the policy process, and analysts' limited powerbase and weak position vis-à-vis political and bureaucratic interests. Weiss found this also to be the case in 1998, when she commented that the direct use of research findings continued to be limited, both in the UK and elsewhere. However, Weiss (1998) suggested conditions that were more likely to suit the use of research, these being:

- if the implications of the findings were relatively non-controversial
- if the changes were relatively small-scale, and within the program's existing remit
- if the environment of a program was stable, without major changes in leadership
- when a program was in crisis, with no-one knowing what to do

(Weiss 1998, p 23-4).

Understanding the nature of the evidence base upon which the DTTO policy was predicated, and how this could be applied in a different context from that in which it was generated, are emergent themes, and ones which will feature throughout the thesis.

In considering the nature of this study, the framework chosen was that advocated by Palfrey et al (1992) "Pluralistic evaluation"; this pluralistic approach was developed and used by Smith and Cantley (1985). Palfrey et al (1992) rationalised that it combined a number of approaches to enable the development of an evaluation method that was appropriate to the particular policy and context which was to be examined.

As public policies are planned and implemented within organisational frameworks, it was important that this study demonstrated an understanding of how organisations worked, if purpose was to be achieved by the evaluation of public policy. A pluralistic evaluation of a policy initiative has the potential to reveal a complicated but realistic and rich picture in which both successes and failures can be identified. In support of this, a naturalistic inquiry strategy (Denzin 1978) was chosen to describe the naturally unfolding programme processes and impacts, to focus on capturing programme processes and explore important differences between programme participants experiences of the programme implementation, as the identification of successes and failures can be of assistance in the replication of projects.

This issue of replication is important for practitioners, policy makers and social scientists. Replicating pilot projects and rolling these out into national programmes can be complicated in projects involving social interventions, since the local economic and political conditions in which they take place are in continuous flux.

Comment has already been made above, (Davies, et al 2004), on the conscious retreat from political ideology and how government initiatives for modernisation now confirmed the central role of evidence in policy-making for the future. However, challenges were seen to exist for policymakers, practitioners and researchers arising from this approach. Martin and Sanderson (1999) had identified that government ministers could be seen to work with local agencies in developing and testing new

models of service delivery; this they argued, could result in a different agenda and lead to more practice based policy options.

Reference has also been made to the renewed interest in the role that evidence could play in shaping crime reduction policies and practices, the methodological plurality that characterised criminal justice research and the need for theory driven approaches to evaluation in order to understand ‘what works’ but also ‘why it works’. Linked to this, is the fact that evidence based practice and treatments were well to the fore within healthcare, with a strong willingness to consider evidence as an essential component of decision-making.

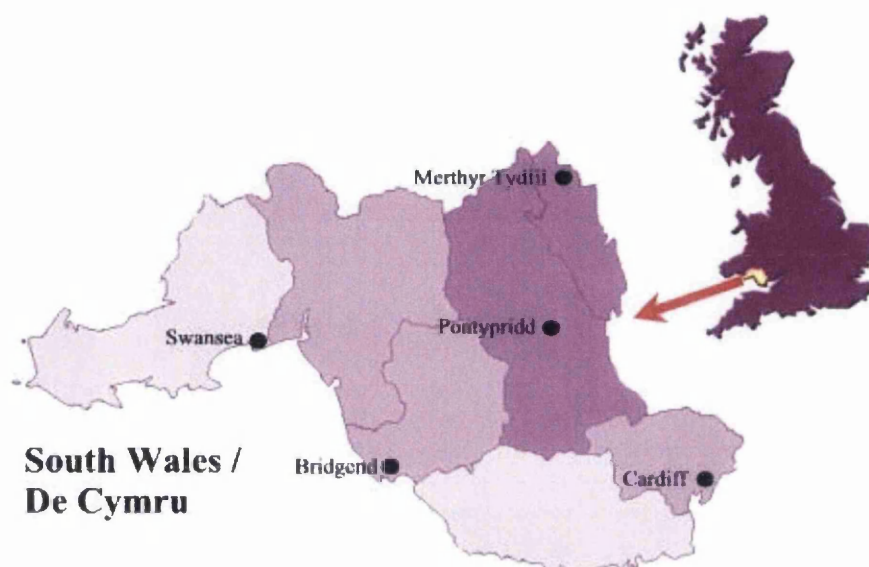
Of particular relevance in any national roll-out programme is the concept of business replication, as introduced by Tilley (1993), through the Kirkholt Burglary Prevention Project Evaluation and the subsequent replication within the Safer Cities Programme. Popper (1959) has previously argued that without some theory of how the original worked; the choice of essential features was likely to be arbitrary. Pawson and Tilley (1997) advocated that to conduct a realistic evaluation, researchers must be informed of the policymaker’s overall theories on the outcome benefits of a programme, as well as unwanted effects. These needed to be applied in the contexts in which they were being implemented, and result in a cumulation to feed back to the policy maker, with a view to adjusting the programme or developing a new one.

Replication theory was a consideration in this study, as the focus was on the implementation of a UK government driven policy within a local context, exploring how socially located interpretations and organisational cultural issues may have influenced the decisions on what to reproduce in the local context of South Wales.

2.2 The local context.

This research was conducted in the geographical area of the South Wales Probation Service. The geographical boundary is illustrated in **Figure 3**. The service area boundary was formed on 1 April 2001 with the amalgamation of the former Mid, South and West Glamorgan Probation Services. The Area was coterminous with the South Wales Police Force area, included seven local authority areas, and estimated to cover 47% of the population of Wales (1.25 million) (South Wales Probation Service 2005/06 Business Plan).

Figure 3. Map of the South Wales Probation Area



While it has not been possible to report on an extensive range of socio-demographic indicators for the seven local authority areas which comprise the South Wales Probation Service area, a report by Kenway et al (2005) examined levels of poverty and social exclusion in Wales and highlighted some key issues that have relevance for this study:

- Wales had the highest prevalence of working-age ill-health in comparison to the rest of the Great Britain
- sickness and disability was the most important reason why working-age people received social security benefits in Wales over a long period, with mental and behavioural problems the biggest reason why people were claimants
- a strong connection between car ownership and work status - a lack of car was identified as a barrier to work
- homelessness had risen sharply, as had the number of homeless households in temporary accommodation

- children in areas of widespread low income faced other disadvantages from an early age with varying provision of registered childcare places for pre-school age children
- unemployment had fallen to UK levels or below but there were more economically inactive but wanting to work than unemployed ¹
- poor qualifications increased the risk of both unemployment and low pay
- a high proportion of 16 yr olds failed to get any GCSEs at all
- 17 yr olds with neither five good GCSEs, nor an equivalent vocational qualification, were very unlikely to have attained any further qualifications by the age of 24:

“failure to acquire adequate qualifications greatly increases the likelihood of future poverty into adulthood e.g. 25-50 yr olds with no qualifications faced a 25% chance of economic inactivity, 8% chance of unemployment and 60% chance of low pay (below £6.50 per hour)”

(Kenway et al 2005 p 12)

- the lower a person’s level of qualification the less their chance of receiving job-related training.

From Kenway et al’s report (2005) a selection of socio-demographic indicators for the coterminous local authority areas (of which there were seven) have been sourced to illustrate the context in which DTTOs were implemented. These indicators are set out in Table 1.

The ranking of each indicator by local authority (out of a total of 22 local authorities in Wales) is highlighted as follows:

¹ Definitions: unemployed – available to start work in 2 weeks and actively seeking work in last 4 weeks; economically inactive - not available to start work shortly and not seeking work

Table 1. Deprivation Indictors for local authorities within the South Wales Probation Service area.

Local Authority	Child poverty	low birthweight	teeth	Childcare places	GCSEs	Higher Education	Working-age poverty	Working-age on state benefits	Wanting paid work	Limiting long-standing illness	Premature death	Car ownership	Low pay	Tax credit
Merthyr Tydfil	1	1	1	3	1	2	1	1	4	1	2	1	17	5
Neath Port Talbot	3	9	7	2	14	6	3	3	1	3	5	6	14	15
Rhondda Cynon Taff	4	3	4	4	6	5	5	5	2	4	3	5	16	11
Cardiff	8	6	14	14	2	12	15	15	5	21	12	4	19	21
Bridgend	7	11	18	13	10	10	9	6	9	8	17	10	11	17
Swansea	5	10	11	7	3	13	6	8	6	9	10	7	13	18
Vale of Glamorgan	20	14	21	17	22	19	18	17	10	20	21	17	21	20

Source: adapted from Kenway et al (2005) page 17

Position ranking	
Purple	worst 3
Dark blue	next worst 4
Pale blue	next worse 4
White	remaining 11

The Probation Service organised the delivery of the DTTOs based on four area offices:

- Swansea
- Cardiff
- Bridgend
- Pontypridd

to cover the seven local authority areas identified in Table 1.

These offices were staffed by both Probation Officers and Drug Treatment workers; the latter recruited following a tendering exercise for an organisation to deliver the drug treatment component of the DTTOs, under contract to the South Wales Probation Service. At the time of the planning for, and subsequent implementation of, this new

policy, the Home Office announced a reorganisation of the National Probation Service, which, for South Wales, involved merging the three Probation Services, Mid, West and South Glamorgan. As well as contending with the introduction of new policy implementation in a new relationship structure with an external organisation, managers, practitioners and administrators were also undergoing a period of destabilisation as a result of organisational change. In the lead up to the implementation of this new policy a needs assessment across the three former Probation authorities (Mid, West and South Glamorgan) was conducted as a component of this study, and will be referred to later in more detail.

2.3 Rationale for the approaches used in this study.

The interest in policy evaluation originated from my experiences of managerial accountability for implementing public policy, fuelled by the criticism in the literature that, in the public sector, assessment of the relative success or failure of policy initiatives and programmes had tended to be either ignored or superficial. The literature review identified a need for objective evaluation of programmes to assess the extent to which programmes achieved their stated aims, as well as the impact of such programmes on individuals, organisations and communities and was further seen to advocate a ‘bottom up’ approach to policy formulation and evaluation (Pressman and Wildavsky 1973; Barrett and Hill 1981; Elmore 1981; Hjern and Porter 1981; Hjern and Hill 1982; Palfrey et al 1992; Yanow 1993; Patton 1997; Davies, Nutley and Smith 2004; Davies Nutley and Tilley 2004.)

As evaluation was seen to involve subjective processes, and seen as inherently political in nature (Smith and Cantley 1985), this study sought to address criticisms of potential dominance by powerful stakeholders, through a research design that has sought to achieve a degree of consensus among local organisational stakeholders on the criteria to be used for this evaluation, in the context of the South Wales communities.

Increasingly throughout my managerial career, some of which has been spent establishing and leading a policy and good practice unit in substance misuse for the former Welsh Office and its successor, The National Assembly for Wales, I have been critical of the lack of attention to issues of implementation in policy formulation, arguing that, should more detailed consideration be given, then better policy with fewer implementation problems may ensue and local service delivery retain fidelity to the policy aims. These concerns have come into sharper focus since the Labour Government came to power in 1997, with a political drive to develop policy that cut across traditional policy development parameters, governmental departments and organisational boundaries. Such an approach is advocated by politicians as the solution to complex social problems. However, the achievement of consensus in pluralistic policy development and implementation within the organisations responsible and accountable for implementing the policy, is largely ignored and furthermore, little attention paid to implementing policy in differing cultural and jurisdictional contexts, as in devolved administration arrangements. Assumptions are made within central government that if it works in one area of the UK, it will work in another; little UK policy research exists in evaluating the impact of context in the policy implementation process.

This study applied an approach to policy implementation evaluation in the context in which the programme was being delivered in South Wales, to aid cumulation and feed into the ongoing policy formulation and review process. The particular policy area of this study has already been introduced in Chapter One - government policy to tackle crime and substance misuse. At this point it may be helpful to begin to narrow the focus of interest and outline further details of the specific policy area, the subject of this study.

It has been seen that both Conservative governments of later years and the Labour Government since 1997 have sought to portray themselves as the champions of law and order, with law and order remaining, high on the political agenda with the public supporting a 'get tough' approach to crime.

In 1994, Tony Blair (MP), then shadow Home Secretary, issued a report indicating that drug misuse was one to the most serious single factors contributing towards Britain's crime wave. At the time that the Labour Party were preparing these proposals to tackle crime and drug misuse, research findings were indicting that evidence was emerging that some things worked in reducing the *likelihood* of reoffending and estimates on the social and economic costs of drug misuse were substantial, for health, the criminal justice system and in welfare benefits.

The policy proposals went on to highlight that the majority of offenders convicted of a drug related crime received custodial sentences. It therefore indicated that effective community based interventions were essential in order to break the drug-crime link. The

1991 Criminal Justice Act, which was implemented in 1993, allowed Courts to specify drug or alcohol misuse treatment as part of a probation or combination order. However, Judges and Magistrates had been reluctant to use this power and a number of problems were experienced by probation officers, in identifying drug dependent clients, providing on-going monitoring of clients' drug use and ensuring effective interventions. A much more rigorous approach to drug related offenders was planned, based around a new treatment order, drawing on lessons learnt from American programmes, the most notable being the influential drug court model originating in Dade County, and which had spread in jurisdiction throughout America.

Shortly after the general election of 1997, a report of Her Majesty's Inspectorate of Probation (HMIP 1998) identified a lack of clarity on the theoretical basis of the programmes that were in use in tackling offending behaviour and argued for clearer theoretical models of interventions. Evidence-based approaches to practice were seen to be lacking, namely, limited research on adult offenders; limited dissemination of research findings and the extent to which the programme impacts could vary depending on different legislative and agency contexts. Contributions in the literature added to this debate by contending that it was difficult to distinguish if negative outcomes were a result of implementation weaknesses or programme theory failure (Nutley and Davies 2004).

On 15 May 2006, Prime Minister, Tony Blair, in a speech at Labour's 'Lets Talk' event in London, launched a policy consultation on the criminal justice system. This was in

response to growing concerns within the public, that the criminal justice system was failing in public protection and

“let people get away with breaking the rules”

(BBC news press release 15 May 2006).

This in part was fuelled by significant criticisms levied at the Home Office in the preceding weeks, as high profile failings between the Immigration Service and the criminal justice system emerged in the media, and resulted in the sacking of the Home Secretary, Charles Clarke (MP).

It was also announced on 15th May 2006 that a letter had been sent to the new Home Secretary, John Reid, (and in a similar vein to those sent to other Cabinet colleagues) outlining the Prime Minister’s key priorities for the Home Office, requesting identification of the key challenges for the Department and how they proposed to deliver against these. For the Home Office the Prime Minister had prioritised, amongst others:

- an improved framework for the management of offenders
- targeting offenders and not just the offence, improving case management
- improving the performance of the probation service
- improved management of highest crime-causing drug users
- reduced variations in the quality and effectiveness of treatment provision across areas
- to look again at the approach to alcohol and disorder.

(Prime Minister’s website 15 May 2006).

On the same day, BBC Newsnight held a debate on the Prime Minister's speech at this event and his attempt to regain the initiative on law and order. Critics on the panel, on which the government was represented by John Denham (MP), were scathing in their criticisms, remarking that Labour had had nine years to tackle the problems and had passed more than 40 pieces of criminal justice legislation since taking office in 1997.

The evaluation research design chosen for this research reflected the desire to evaluate the success of policy formulated at UK level, from the perspectives of the organisational stakeholders with responsibility for implementing the national policy within a geographically defined area of South Wales, as it has already been argued that public policies have to be planned and implemented within organisational frameworks, as a dynamic process with many vested stakeholders. A number of other commentators have recognised the importance of linkage between organisations and departments at the local level (Pressman and Wildavsky 1973; 1984 3rd edition), and have challenged evaluators to question how policy accrued meaning, and how it was transmitted in multi-governmental systems and between policy stakeholders at the local level (Yannow 1993 and Hill 2005). The study has been designed to capture the pluralistic perspective implied in the Drug Treatment and Testing policy and to limit the potential for dominance by professional status, power and politics in the evaluation of the local policy implementation process.

It has been acknowledged that such complex community-based initiatives are hard to evaluate, not least because of shifting political environments and the differing needs of

different stakeholders (Coote et al 2004). This study set out to evaluate the policy from the perspectives of Welsh multi-organisational expert stakeholders through the development of evaluation criteria by means of a Delphi survey approach of these stakeholders' opinions. A number of commentators (Delbecq et al 1975; Dawson and Barker 1995; Murphy et al 1998) reported that the main advantage of the Delphi was the achievement of consensus in a given area of uncertainty, or where empirical evidence was lacking. The technique aims to maximize the benefits from having informed panels consider a problem (process gain), while minimising the disadvantages associated with collective decision making (process loss), particularly domination by individuals or professional interests that may inhibit participants (Jones and Hunter 1995). The Delphi, a multiple iteration survey technique, was seen to offer anonymity, a means of systematic refinement of expert opinion to arrive at a combined or consensual opinion (Helmer 1967), and according to Dalkey (1969), to offer benefits in that it was primarily concerned with making the best of a less than perfect kind of information.

The emphasis in the qualitative approach adopted in this study was on depth and detail, in-depth interviews, analysis of secondary data from within the South Wales Probation Service and detailed interviews with 40 offenders in the South Wales DTTO programme and a set of interviews with key local professional stakeholders.

2.4. The Research Question.

As this study has set out to identify the success factors and constraints imposed on the successful implementation of the DTTO policy for drug misusing offenders, as applied in South Wales, in answering the research question, four objectives have been set.

Objectives

- To determine the extent of the drug misuse problem in the offending population within the geographical area in which this research was conducted and derive an estimate of the potential number of target offenders for DTTOs for the first year of implementation.
- To develop expert stakeholder derived criteria for evaluating the success of the local policy implementation.
- To identify key successes, obstacles and constraints in the local policy implementation process.
- To identify the extent to which socially located interpretations, culture and structures, have constrained the successful implementation of the policy.

While policies may be based from their inception on an evidence base, and indeed generally acknowledged as such, and an assumption made therefore that they should work in practice, the nature of that evidence and the influence of context in implementing such in a location removed from that in which the evidence was generated, will be a central argument in this study.

Chapter Three.

Evaluating policy in organisational contexts.

While Government has been seen to promote multi-agency organisational partnerships as the policy implementation mechanism for tackling complex social problems, it has also been evident that the policy accountability that arose through these complex partnerships, varied between the agencies concerned. Not only has coherence been required at agency organisational levels, but also, coherence between UK Government departments, and in the jurisdictional accountability for policy between England and Wales. Furthermore, centrally driven policy initiatives, distanced from the cultural context in which policy implementation was seen to occur, needed to be contextualised by those multi-agency organisational partners, locating that policy in the socio-economic, political and organisational contexts for meaning to be ascribed (Yanow 1993).

It was through the eyes of these organisational stakeholders that this evaluation sought to undertake a 'bottom-up' approach to the policy process within a local context and understand the contextualised meaning of the DTTO policy in South Wales, through an approach to methodology that captured this organisational plurality.

In 1981 Wolman postulated a model of policy failure as consisting of two parts: policy formulation, comprising problem conceptualisation, theory evaluation and selection,

specification of objectives, programme design and structure; and secondly, implementation, comprising resource adequacy, management and control structure, bureaucratic rules and regulations, political effectiveness, feedback and evaluation.

However, Exworthy and Powell (2004) argued:

“such a distinction between formulation and implementation can be somewhat dubious and misleading”

(Exworthy and Powell 2004 p.265)

but they recognised that Wolman’s model had some value in explaining how policies were re-formulated, through both the vertical and horizontal dimensions of policy relationships (Exworthy and Powell 2000; 2004), a concept which is explored further in section 3.2.

Barrett (2004) has articulated concerns about the top-down coercive pressure on organisations, seen to emanate from Government, to meet prescribed targets, and the lack of recognition of the complexity, time and resources involved in achieving capacity to implement change successfully. She further commented on a growing tension between the expectation of managerial control in policy implementation processes and the reality of inter/intra-organisational micro-politics in the policy-action relationship. In response she called for a renewed effort in policy studies to synthesise ideas from a plurality of perspectives, highlighting those of evaluation and the change literature in business management, with the literature on implementation.

Exworthy and Powell (2004) argued in support of the need to re-assess models of policy implementation, as a consequence of the ‘congested state’. In this they are further

supported by Ling (2002) and Sullivan and Skelcher (2002) in their observations on the multi-levels of governance, as governments place increasing emphasis on partnerships. Partnerships act as co-ordination mechanisms, or delivery structures, and are often semi-autonomous vehicles through which actors engage in the process of policy implementation. UK research (Robinson et al 2000) has shown that they operate in an uncertain and ill-defined authority and accountability environment. Skelcher et al (2005) further argued that the problematic nature of their governance arose as their design was driven by political imperatives, vertical and horizontal integration in policy implementation, rather than democratic needs: recognising that the UK policy environment was highly dynamic with numerous cross-cutting initiatives emerging from various government departments, resulting in a variety of partnership structures and jurisdictional boundaries. The DTTO policy was seen to involve a plurality of forms of governance, multiple layers and inter-organisational networks of decision-makers

3.1 The role of stakeholders in policy evaluation.

Monnier (1997) identified the implication of the growing importance of partnerships in the formulation, implementation and evaluation of public policies. These ‘vertical partnerships’ he argued provided a favourable context for the development of evaluation and furthermore, could also provide the means for carrying out quality evaluations, since their conditions were conducive to pluralistic approaches. Although these views were formulated on the basis of the EU experience, it is suggested here that these similarities can be drawn for the UK. He argued that progress in extending methodologies that engaged stakeholders in a public policy remained essential, on the basis that they had a

legitimate contribution to make to the definition of judgment criteria, selection of indicators and in formulating judgements on programme effectiveness.

Stake (1975) had also attempted to broaden the scope of evaluation to include stakeholder issues, as well as qualitative aspects of the programme or practice. Stake focused on directing data gathering, and interpretative efforts, around emerging issues that were important to programme practitioners, and other stakeholders, in the evaluation setting. Guba and Lincoln's (1989) work, on Fourth Generation Evaluation, shifted this focus to the negotiation among diverse stakeholders towards a common consensus, promoting a transformational process with stakeholders as co-owners of the evaluation. A core concept of such an approach, it has been suggested, is for the criteria for this type of evaluation to be derived from the 'claims (expectations regarding a particular policy), concerns (worries) and issues (controversies between stakeholders)' of those various stakeholders (Abma 2004). One of the most frequent, and significant problems to which Monnier (1997) had referred, was the problem facing evaluators where a programme's objectives were more politically defensible than pragmatic.

Other commentators have noted that achieving consensus in pluralistic policy development and implementation has been largely ignored, yet the need for theory driven approaches to evaluation to understand 'what works' but also 'why it works' have gained in significance (Davies and Nutley 2004). However, it has been seen that there appeared to be a paucity of UK research literature on the implementation of government

policy, which particularly manifested as centrally government driven initiatives, in differing cultural and jurisdictional contexts.

Palfrey and Thomas (1999) reported on calls in the literature for government departments, which commission evaluations, to recognise stakeholders' legitimate interests in contributing to evaluations. In the context of a pluralistic approach to evaluation they saw, as essential, a comprehensive range of stakeholder criteria for assessing the value of programmes. For example, Palfrey et al (2004) commented that applying the principle of equity in service evaluations required the views of all principal stakeholders to be included and further called on evaluators to assign these contributions equal validity and relevance.

These arguments in support of a research method that reflected the plurality of policy, and plurality of stakeholder interests, emerged as a key consideration in this study design. Of particular interest was the importance of the different and sometimes conflicting perspectives that organisational stakeholders could hold regarding an evaluation process and their views on what constituted success. Research has shown that even when outcome measures have been developed, they often remained unused by public agencies (Behn 2002; de Lancer and Holzer 2001). Greene (1999) had earlier asserted that performance measurement did not adequately capture and represent programme quality, arguing that the human experience was too complex to be meaningfully reduced to simple measures of programme quality, and concluding that given the dynamic, pluralistic and contextual aspects of programme quality,

performance measurement systems could only represent a very small portion of what was important about a human experience. De Lancer (2006) augmented this assertion by further arguing that as the meaning of programme quality could vary among different stakeholders, and the standards for judging such were not objective and fixed, performance measurement systems were not able to capture the critical dimensions of programme quality. De Lancer further called for an abandonment of the practice of performance measurement, rather, advocating for evaluators to become more involved in the development of accountability systems. However, other commentators are supportive of performance measurement systems arguing that they can provide the backbone to more detailed programme evaluations (Harkreader and Henry 2000).

In a context in which an administration culture focuses strongly on the achievement of results, as is suggested was the case in relation to the Home Office requirements for DTTOs, a number of authors have warned of ‘goal displacement’, where the applied system of measures and the programme to be measured, diverge greatly from the inherent value systems (Batterham 1994; Perrin, 1998, 1999). The growth in the mixed economy of welfare, as seen in the UK and elsewhere in Europe and exemplified locally in this study, through the contracting with a voluntary sector service provider to deliver the drug treatment element of the DTTOs, is a case in point. There were those who argued that the values borrowed from the world of private business, as in the case of performance measurement, did not readily integrate with the public-sector culture and, even lesser so, with the culture of not-for-profit organisations (Lindgren 2001).

Lindgren (2001) also argued that although there was nothing new about performance management, what was new was the context in which this was operating; hardening economic conditions, decentralisation and the objectives of public-sector management, all generating a new accountability paradigm. One of the reasons why performance measures were flawed according to Lindgren (2001) was:

“When the link to decision making is strong and when performance measures are applied equally to diverse programme environments, they are easily seen as a definition of programme quality. The mode of practice becomes determined by a centrally and predefined set of measures, thereby militating strongly against values like pluralism, local initiative and innovation.”

(Lindgren 2001 pp 295-230)

Ensuring the implementation of Government policy, and all its allied functions and accountabilities, is a responsibility of organisational managers. The importance of the interprofessional/interdisciplinary collaboration and engagement in the policy implementation is a key consideration in this study; capturing and analysing data gathered in the natural setting of the local policy environment. A study design was sought which captured the vagaries of policy making, the political and managerial activity that form the complex mosaic of translating UK policy at the local level.

Bogdan and Biklen (1992) have argued that human behaviour did not occur on the basis of predetermined responses to preset events, but rather, as ongoing and negotiated interpretations of those events. It was a proposition in this study that this concept could equally apply to the policy process through local implementation. Furthermore, criticisms that evaluations are subjective, political in nature and influenced by the most

powerful stakeholders have been considered in the design of this study. While it is not possible to eliminate political influences from processes, through its pluralistic approach this study has sought to incorporate these varied perspectives into the evaluation of the local policy process.

Qualitative research methods were chosen to examine the setting and perspectives of individuals who inhabited the local policy setting, to share in the understandings and perceptions of those engaged at differing levels in the local policy implementation process, and provide enlightenment on how individuals gave meaning to their roles in this policy process, seeking to conduct an analysis from the perspectives of these local policy architects, the multi-organisational stakeholders. My past experience as a policy advisor within Wales has influenced the decisions on research methods for this study, combined with the limited literature on contextualised evaluations from the perspectives of local organisational stakeholders in policy processes. This study seeks to contribute to this body of knowledge.

In considering the literature on qualitative research methods (Singleton and Bruce 1993; May 1997; Bryman 2001; Neuman 2003; Berg 2007), an ethnographic field strategy (Spradley 1979; Van Maanen 1982; Ellen 1984; Wolcott 1984; Agar 1996; Warren and Karner 2005) was infeasible, as Home Office evaluations were also taking place, and such an approach could potentially contaminate the study site, as immersion within the culture context of the DTTO fieldwork offices would be required for such an approach. It was also considered an impractical methodology due to the multiplicity of

organisations engaged in the implementation of this policy and was not judged to coalesce with the aim of this study; to conduct an analysis from the perspectives of the local multi-organisational stakeholders.

Consideration has been given as to whether action research (Lewin 1946; Stringer 1999, 2004; Stringer and Dwyer, 2005) represented a suitable qualitative research method, but this was rejected on the grounds that the focus in this study sought to identify the successes and constraints in implementing policy at the local level, rather than engaging with the constituency to find solutions and create the positive social change that such a method, as action research, sought to create (Berg 2007). However, action research is seen to represent an appropriate method for following through on the findings in this evaluation in a search to resolve some of the local service problems identified later in Chapters Seven and Eight, and further discussed in Chapter Nine.

Perrin (1998) has argued that every evaluation method had its limitations but, that these could be overcome through combining methods and multiple sources of information. A Delphi survey approach of Welsh multi-organisational expert opinion, was the chosen methodology for determining the evaluation criteria, with the aim of obtaining a consensus of expert views on how best to evaluate the policy implementation in South Wales. The approach was conducted in an incrementalist model with the aim of producing a rich and diverse set of findings to inform the ongoing iteration between evidence in the policy-making process.

3.2. Rationale for the study from policy to implementation.

The Labour Government's attempt to develop policies to tackle crime and drug misuse, it is suggested, is one such example of the 'wicked issues' in a 'congested state' to which Exworthy and Powell (2004 p. 263) refer. Exworthy and Powell (2004), in considering the concept of joined-up government at the centre, observed that large government spending departments traditionally resisted the move towards what they termed 'policy villages'; an impediment in the provision of consistent frameworks for the formulation and implementation of policy. This, is an issue that may impair the Labour Government's drive to develop cross-cutting policy for 'wicked issues', through systems of multi-governance in partnership arrangements. However, in the context of the UK and Welsh Substance Misuse Strategies, there was evidence of ministerial inter-departmental sign up at the national level (UKADCU 1998; National Assembly for Wales 2000a), but Exworthy and Powell (2004) were seen to cast doubt on the strength of such symbolic gestures. It will be argued in this study, that the complexity in local implementation of drug treatment, introduced through the Crime and Disorder Act (1998), and delivered in the context of the community criminal justice system, could have been anticipated earlier in the policy process and the policy tools to support local implementation, more appropriately crafted. The interactive and negotiated models of implementation, referred to in Chapter One, (Barrett 2004) were seen to argue for a view of implementation performance based on what was possible within a particular policy implementation environment; the numbers and types of actors, their interests, relative bargaining power, the degree of change or value conflict involved – that is, highly context dependent variables.

So far, the rationale for the approach and the focus of this study on the evaluation of policy through implementation in a local context has been outlined. This rationale will now be explored in more detail.

It has been seen that challenges have been made for researchers to not only answer questions on ‘what works,’ but also on ‘how’ and ‘why it works’. In the context of this study, this is with a view to informing subsequent policy formulation on what works and in what context for offenders in Wales who misuse drugs.

In considering this focus on implementation, Pressman and Wildavsky (1984) commented that implementation required a starting point from which action must commence, there must be an end point, and an articulated goal against which success or failure could be judged. Hogwood and Gunn (1984) assisted in this debate through their definition on what constituted public policy, observing that it required behaviour as well as intentions, inaction as well as action, may have outcomes that may or may not have been foreseen, and may involve intra and inter-organisational relationships. Hill and Hupe (2005) contributed to this debate by observing that where the objectives have been provided by “political functionaries” (p 5) administrators had the task of developing:

“the instruments for implementation in a systematic way”
(Hill and Hupe 2005 p.5).

In a further debate on the meaning of public policy, Hill and Hupe (2005) described policy orientation as:

“problem-focused, multi-disciplinary, uses multiple methods and is contextual”
(ibid)

and commented that what appeared to define public policy was its character on purpose and relationship to the problems of society. They contended that the importance for implementation theory and research was in the contextualisation, as implementation:

“is always connected to specific policies as particular responses to specific problems in society”

(ibid).

They also reflected on the definition of implementation as advocated by Mazmanian and Sabatier (1983):

“Implementation is the carrying out of a basic policy decision, usually incorporated in a statute but which can also take the form of important executive orders or court decisions. Ideally, that decision identifies the problem(s) to be addressed, stipulates the objective(s) to be pursued, and in a variety of ways, ‘structures’ the implementation process. The process normally runs through a number of stages beginning with passage of the basic statute, followed by the policy outputs (decisions) of the implementing agencies, the compliance of target groups with those decisions, the actual impacts – both intended and unintended - of those outputs, the perceived impacts of agency decisions, and finally, important revisions (or attempted revisions) in the basic statute.”

(Hill and Hupe 2005 p.7).

However, the debate so far has implied that policy implementation followed a logical process. Pressman and Wildavsky (1984) have challenged this perception and observed that implementation was a complicated process, where much could go wrong and assisted our understanding of this complexity by illustrating:

“The longer the chain of causality, the more numerous the reciprocal relationships among the links and the more complex implementation becomes”

(Pressman and Wildavsky 1984 p xxiv).

The argument for adopting a ‘bottom-up approach’ to evaluation has already been introduced in Chapter One, with Barrett and Hill (1981), arguing for policy research to

move away from a single perspective approach, to one which reflected the complexity and dynamics of the interaction of the individual and group players attempting to put the policy into action. Their argument was predicated on the need for policy implementation research to focus on the players and agencies themselves, their interactions and for a 'bottom up' analysis as a method of providing a clearer picture on the influencing factors, the 'how' and the 'why' of policy implementation. They argued against the 'top down' theorists for the reason that many of the actions required through implementation, by their very nature, were difficult to control.

Patton (1997) has written extensively on the concept of utility in evaluations, on the need for information for action and decisions, and discussed the limitations of pure outcomes evaluations. He referred to an example of a welfare programme being terminated where the inclusion of implementation data could have revealed that many of the mandated activities to bring about change had failed to be implemented. He further commented on the inappropriateness of expanding a programme when decision makers acted without understanding the basis of its success.

The argument so far has not yet recognised that there were well documented barriers to implementation. For a researcher, having an understanding of these barriers can assist in formulating questions for an evaluation. Patton (1997) has explored a number of commentators' views on these barriers and observed that:

“organisational conflict and disequilibrium often increase dramatically during the implementation stages of organisational change”

(Patton 1997 p. 201).

He reflected on Hage and Aitken's (1970) observation that the human element of implementation was rarely considered in new services or products; Odiorne's (1984) detailed analysis of poor performance and observations on significant obstacles, which included:

- staff opting out when trivial obstacles were encountered
- obsolete and outmoded ways of working
- emotional responses from staff when required to perform new tasks
- poor communications
- poor forward planning
- delayed actions to resolve problems

(Patton 1997 p.201).

and on Meyer's (1981) contention that the reason that much programme implementation failed, was due to program design and went on to describe some as:

“counterintuitive – they just don't make sense”
(ibid)

Patton (1997), in writing on a case of a national programme evaluation for the education of primary school children, also reported on Alkin's (1970) conclusion that the evaluation experienced problems when the evaluation designers assumed that the educative model was implemented in a systematic and uniform way. Patton further reported that Anderson (1977) in writing on the results of this same evaluation concluded that:

“of all our findings, the most pervasive, consistent and suggestive is probably this: *The effectiveness of eachmodel depended more on local circumstances than on the nature of the model*” (original in italics)

(Patton 1997 p202).

Patton continued to explore an alternative approach by reference to Provus (1971), who advocated an approach that compared the actual with the ideal in implementation evaluation and termed this “discrepancy evaluation” (Patton 1997 p203). This described the degree to which programmes were operating as desired, with the data originating from local fieldwork and descriptive of the ongoing programme activity. He recognised that the reality of implementation would look different from that conceived in the original format and concluded that the role for primary evaluation was to help key decision makers determine the degree of deviation from the original ideal allowable while still encompassing the original idea.

Patton (1997) cited Palumbo et al (1984) who, in studying variations in the implementation of legislation in Oregon, found there to be a direct relationship between higher levels of implementation and success in attaining goals, but found that the factors that more likely led to successful outcomes were not those that could be easily transferred between localities. Patton (1997) called for implementation evaluation to be adaptive, with a focus on the users, for the process and the results to be relevant, meaningful and useful and termed this approach “Utilization-focused evaluation”.

The problems of multi-organisational implementation have been recognised in the literature for some time. Hood (1976) has argued that optimal implementation occurred as a product of a unitary organisation with clear lines of accountability, further arguing, that where more than one organisation was involved, ‘sub-optimisation’ was possible as a consequence of each organisation pursuing its separate objectives. Wolman (1981)

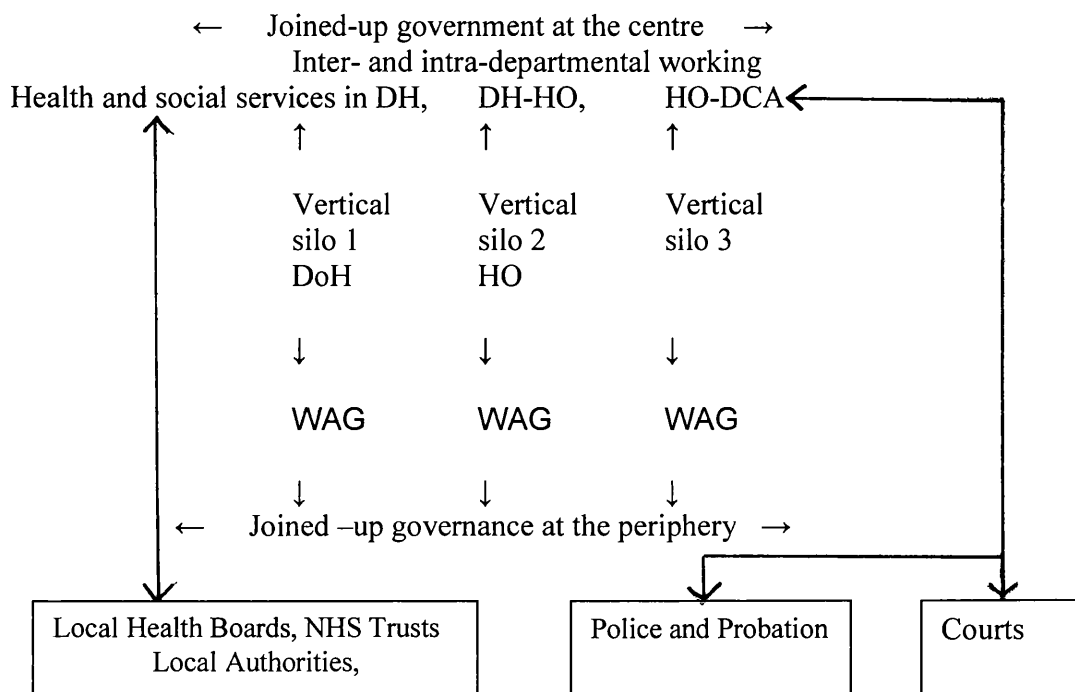
contributed to this debate by suggesting that, those policies constructed to be jointly implemented by more than two agencies were particularly prone to problems during implementation. These arguments were later supported by those of Hogwood (1987) and, in more recent times, by Hill and Hupe (2002), who identified that, many of the problems of implementation arose where horizontal collaboration was an important policy feature. A number of commentators have argued that policy ownership was important, with all stakeholders signed up to the sharing in the problem, having a role to play in the partnership, with solutions under their control (Day and Klein 1987; Shaw et al 1999; Exworthy and Powell 2004).

The Department of Health (1998a; 1999) advised that such multi-organisational partnerships needed to clarify 'the common purpose'. Difficulties in finding these common goals or shared vision, given the different organisational cultures, policy styles, finance structures and modes of accountability, have been extensively reported in the literature by Hood (1976); Gunn (1978); Mazmanian 1979); Powell et al (2001); Hudson and Hardy (2002); Powell and Exworthy (2002) and Barrett (2004). Barrett (2004) also raised a number of reflections regarding the process of putting policy into effect (implementation), the importance of inter-organisational value perspectives in policy interpretation and the role of discretion in shaping the local outcomes.

However, it has been argued (Exworthy and Powell 2004), that common purpose had to be vertically imposed, rather than horizontally developed at the local level, by a coalescence of the three dimensions, as described by Exworthy and Powell (2004). Figure 4 illustrates an analysis of the policy relationship through adaptation of this

model, contextualised for the policy process for DTTOs. Not only were these vertical relationships evident, but the governmental relationships were further complicated by the complexity of policy jurisdictions between England and Wales; significantly that Wales did not have law-making powers and therefore legislative and policy jurisdiction for the criminal justice system was non-devolved.

Figure 4. Congruence of big and little windows: vertical and horizontal dimensions



(Adapted from Exworthy and Powell 2004 p 269).

Note: DH = Department of Health; HO = Home Office; DAC = Department of Constitutional Affairs; WAG = Welsh Assembly Government.

Exworthy and Powell (2004) concluded that, as many of the implementation studies were developed in the 1970s and 1980s in the USA, they may not ‘fit’ the multi-governance agenda, so much a feature of modern government in the UK.

3.3. Theoretical perspectives on evaluating organisational processes.

Public policies are planned and implemented within organisational frameworks. The term ‘processes’ is broad and includes activities within the organisations, roles and relationships and inter-organisational relationships. These, along with issues of power are becoming increasingly important given the growing interdependency of policies on inter-professional and inter-disciplinary collaboration. Furthermore, in evaluating organisational structures and processes, Phillips et al (1994) have argued that the four dimensions of accountability, as described by Elcock and Haywood (1980):

- location of accountability (who?)
- direction of accountability (to whom?)
- content of accountability (for what?)
- mechanisms of control (how?)

represent a useful framework in considering the issue of accountability and control in organisational processes; emphasising the importance of formal agreement and clarity on these dimensions. This would seem to be particularly important in context when services are ‘contracted out’ to independent sector/voluntary organisations, as was the case for the drug treatment component of the DTTO policy implementation in South Wales.

Lipsky's classic study of street-level bureaucracy (1980) is argued by Evans and Harris (2004) to remain relevant today in understanding how organisations work. Lipsky asserted that individuals working in public services had to operate in what was described as:

“a corrupted world of service”
(Lipsky 1980 p.xiii).

Lipsky arguing that they operated with insufficient resources and vague policy goals, but that the largely discretionary nature of their work allowed them some freedom in responding to these uncertainties. Howe (1991) had contested Lipsky's view, arguing that discretion had been curtailed and the balance of power shifted to align with the managerial authority that had grown within public services and directed the work of practitioners towards managerially imposed goals. However, Preston-Shoot (2001) did not support this view further arguing that since large organisations could be difficult to co-ordinate, managers found it hard to control the way individuals practised: practitioners retained some discretion and autonomy.

Scott (1990) has argued that the authors of a policy cannot determine the way in which their statements are interpreted, nor may recipients share the policy intention, but policy was indeed what street-level bureaucrats 'do' in working out practical versions of public policy. Baldwin (1998, 2000) had regarded this issue of discretion as one which could undermine official policy, while Evans and Harris (2004) observed that localised policy might look quite different from official pronouncements; what Lipsky described as:

“real world solutions to getting the job done”
(Lipsky 1980 p.18).

However, it was also acknowledged by Lipsky (1980) that such discretion could afford street-level bureaucrats the space to advance their own values, interest and needs, and therefore such discretion existed within a political and ideological context.

It is within such a political and ideological context that, generally, organisations make decisions concerning the criteria to be used in evaluating public policies (Palfrey et al 1992). Evaluation criteria need to be explicit. This permits the evaluation to be scrutinised, as the selection of criteria can significantly influence the results of an evaluation, particularly where powerful political issues arise. It is important to recognise who is selecting the criteria.

Palfrey et al (1992) identified "**Pluralistic evaluation**" as their preference, as it combined a number of approaches to enable the development of an evaluation method that was appropriate to the particular policy and context which was to be examined. Their rationale was that a pluralistic evaluation of a policy initiative could reveal a complicated, realistic and rich picture in which both successes and failures could be identified.

This pluralistic approach was developed by Smith and Cantley (1985) whose perspectives on the advantages of a pluralistic evaluation can be summarised as follows:

- it can provide a complicated but realistic answer to the question of whether a service is successful or not
- it has the potential to explain why failures occur

- it can detail some of the costs of success, that is, the unanticipated consequences of policies
- it can facilitate the implementation of results because it is less likely that stakeholders will argue that their interests have not been taken into account
- it has the potential to be independent and neutral by taking account of as many perspectives as possible.

A naturalistic inquiry strategy was chosen for this study to describe naturally unfolding programme processes and impacts, via qualitative data collection, to provide information for programme improvement and replication. Naturalistic inquiry focuses on capturing programme processes and exploring important differences between programme participants' experiences of the programme implementation. Qualitative methods were chosen because they were oriented toward exploration, discovery and inductive logic.

The approach described above, it is argued, was congruent with the concept of stakeholder engagement and the incrementalist model to achieve an ongoing iteration between evidence in the policy-making process.

3.4. Power and Politics in Evaluations.

In the previous section it was indicated that it was generally within organisations that decisions were made concerning the criteria to be used in evaluating public policies. It is important here to acknowledge that these criteria were often influenced by the most powerful group. Weiss (1993) was credited with bringing this issue to the consciousness

of evaluators and identified three main ways in which politics were considered to intrude in evaluations:

- programs and policies were derived from political decisions
- evaluations fed political decision-making and had to compete with other perspectives in the political process
- evaluation is inherently political in nature.

Weiss argued that the above were not an excuse for not undertaking evaluations, rather, that the evaluator required insights into:

“the interests and motivations of other actors in the system, into the roles that he himself is consciously or inadvertently playing, the obstacles and opportunities that impinge upon the evaluation effort and the limitations and possibilities for putting the results to work – only with sensitivity to the politics of evaluation research – can the evaluator be as creative and strategically useful as he should be”

(Weiss 1993 p.94).

Patton (1997) in writing on Weiss’ views above observed that she has made the use of evaluation contingent upon the skill of the evaluator to be politically astute, sensitive and sophisticated in response. He went on to comment about evaluations he had been involved with that:

“Political considerations intruded in some way into every evaluation we examined”

(Patton 1997 p.343).

It can be determined from the above commentators, that they view evaluations as inherently political. Patton, (1997) in summary, attributed this to:

- values, perceptions and politics of all involved impinging on the process
- evaluations require classification and categorisation where data are filtered
- empirical data underpins evaluations and requires interpretation

- actions and decisions follow-on from evaluations therefore making them political
- programmes and evaluations allocate power, status and resources
- information leads to knowledge

(Patton 1997 p.347).

Patton also considered how power emanated from evaluation and how the use of evaluation would occur in direct proportion to its power-enhancing capabilities. He referred to the work of the organisational theorist Crozier (1964) and his findings that power relationships between individuals and among groups in organisations developed around uncertainties. Patton, in advocating for utilisation-focused evaluations, provided an explanation:

“The power of evaluation varies directly with the degree to which the findings reduce the uncertainty of action for specific stakeholders”

(Patton 1997 p.348).

However, Sharpe (1977) contested the view that knowledge was power, concluding that having information complicated government decision-making and that information avoidance was a central feature of government.

Patton (1997) provided advice for evaluators on the political rules for conducting utilisation-focused evaluations:

1. evaluators must be aware that not all knowledge was useful and that for it to be power laden, information must be relevant and understandable to users
2. not all people were information users and information was power only in the hands of people who knew how to, and were open to, using it

3. targeted information for use was more likely to be used – focus on real issues, timelines and decisions
4. only credible information was powerful.

The debate on the influence of power and politics in evaluations could, so far, be interpreted to be relevant only to the more readily recognised governmental or national political processes. However, there was a danger in that evaluators could fail to recognise that local and organisational political processes were a day-to-day occurrence and part of the policy implementation process. These could exert significant influence over evaluations. The dangers being, such a failure could limit an evaluation and might increase the chance of the evaluator being manipulated.

Patton (1997) to mitigate these dangers, provided guidance to evaluators on how to make evaluations politically viable. He advised that they should be planned and co-ordinated in anticipation of the various interest groups, to obtain their co-operation and to avert, or counteract, possible attempts to curtail the evaluation, or bias, or misapply, the results. He further advised that it was the evaluator's responsibility to ensure that the diversity and values of the various stakeholders were also taken into account in attending to the political viability of the evaluation and referred readers to Bryson and Crosby's (1992) work to provide guidance to evaluators in undertaking a stakeholder mapping exercise to help to identify their stake in the evaluation.

Patton (1997) continued his argument by guiding evaluators on how to avoid getting caught up in destructive power politics and how, as an evaluator, to enter the process as a power player by negotiating rules that tended towards informed and intended use by users. He created eight rules to fit with the process of evaluation:

- in working with stakeholders, seek to negotiate win/win scenarios
- help primary stakeholders avoid getting their egos attached to how the evaluation turns out
- help users develop a long-term view of learning, improvement and knowledge use
- create an environment of interpretation that values diverse perspectives
- seek to affirm and reaffirm that everyone is interested in what works best for intended beneficiaries
- avoid getting entangled in group process rules
- diverge, then converge. Generate alternatives, then focus. Get diverse points of view then prioritise
- keep in mind that what happened in a particular process aimed at making decisions for a specific evaluation has implications, not only for that evaluation, but for future evaluations

(Patton 1997 p. 356- 367).

These rules were considered in the study design, as was the extent to which power and politics might impact on its conduct.

3.5. Replication theory.

The local implementation of centrally driven policy initiatives often follows a period in which the policy is piloted in a select number of geographical areas. These pilot studies may or may not be formally evaluated, but generally are expected to be a formative, a testing-out process with a view to reflecting on the implementation of the initiative to aide decision-making about the future of the policy. In the case of DTTOs, three pilot studies were undertaken and formally evaluated to learn lessons for subsequent national roll-out (replication) of the policy across the UK.

This issue of replication was seen by Tilley (1993) to be important for practitioners, policy makers and social scientists. For social scientists he observed, the generalisability of claims depended on the replicability of results; for practitioners and policy makers, the replicability of results from previous experience was crucial and for evaluators the most vital task was gauging what lessons could be learned for the replication of successful practices.

Tilley (1993), in his discussions, identified three constructs of replication: the 'strict', the 'relativist' and the 'scientific realist'. The 'strictest' view he determined required that a replication must be exact if it was to count as one. However, he observed that since it could not occupy the same space and time, it was impossible to apply to experiments in the social sciences. He observed that these problems were even greater in projects involving social interventions since the local economic and political conditions in which they took place were in continuous flux.

Tilley's (1993) view on the relativist perspective on replication, accepted that strict replication was not possible, but rather, socially located interpretations of projects fuelling decisions on what to reproduce and how to do it. He explained that relativist social scientists argued that understanding an original experiment to be replicated involved deployment of tacit knowledge, highlighting that what the authors choose to report was inevitably selective and would serve the interests of those writing the report. He contended that the relativist argument was that there was no true replication, only tacit agreements about what is to count as a replication.

Tilley's (1993) analysis concluded that, whilst strict replication was too demanding, since it ruled out everything, relativist replication was too tolerant, since virtually anything could count, or not count, according to whim. Instead, Tilley (1993) described the scientific realist construct of replication as attempting to redefine the issue in a way which avoided polarisation of the two aforementioned constructs. He explained that it did so by emphasising three linked features of experiments and projects: 'mechanisms, contexts and outcome patterns'. The 'mechanism' described what it was about an intervention, which led it to have its outcome, and as being triggered in contexts conducive to their operation. 'Context' described the conditions necessary for a causal mechanism to be triggered to produce a particular outcome pattern. It was these two which led to particular outcome patterns. 'Outcome patterns' thus described the results which followed from a project intervention effectively triggering causal mechanisms, in a context conducive to their operation.

Tilley (1993) advocated for scientific realist theory as a means to specify contextual conditions, and the causal mechanisms to be fired by a measure to explain or predict particular outcome patterns. Therefore for replication within the theory of scientific realism, the focus must be to recognise and reproduce those salient features of the context needed for the mechanism/s to be activated.

The Home Office evaluation of the piloting of the DTTOs (Turnbull 1999) and the final evaluation report (Turnbull et al 2000) were analysed in this study within the theoretical framework of scientific realist theory, for evidence of the salient features of the context needed to inform the roll-out of DTTOs across the UK.

3.6. Theory of choice – pluralistic evaluation

A naturalistic inquiry strategy was chosen to describe naturally unfolding programme processes, and impacts, to capture these processes and explore important differences between programme participants' experiences of the programme implementation. This study was designed, with a focus on those stakeholders implementing or affected by the policy, for the process and the results to be relevant, meaningful and useful.

The pluralistic evaluation approach was conducted in an incrementalist model with the aim of producing a rich and diverse set of findings to inform the ongoing iteration between evidence in the policy-making process.

The study interviewed key stakeholders in Wales to identify the criteria for the evaluation, conducted by means of a Delphi survey approach of Welsh expert opinion to obtain a consensus of expert views on how best to evaluate the programme implementation in South Wales.

Qualitative methods were chosen because they were oriented toward exploration, discovery and inductive logic. The emphasis in this qualitative methodological approach adopted was on depth and detail through, in-depth interviews, analysis of secondary data from within the service and detailed interviews with 40 offenders in the Drug Treatment and Testing programme, and with key professionals.

3.7. The underpinning theoretical framework.

It has already been acknowledged that public policies are planned and implemented within organisational frameworks and, that as a cross-cutting policy, the local implementation of DTTOs would be influenced by a variety of stakeholder interests. The argument in support of an evaluation approach that reflected this plurality of policy, and plurality of stakeholder interests, emerged as a key consideration in the study design. The evaluation framework developed, the range of methodologies adopted, and tools designed to capture these data and perspectives, are discussed below.

It is not the intention in this thesis to undertake a detailed historical review of the literature on evaluation theory, but rather to acknowledge the diversity of evaluation research designs, contribute to the debate and to the search for ways to meet the

challenges posed by pluralistic policy to the theory and craft of evaluation. Firstly, it is important to state how the term ‘evaluation’ has been defined for the context of this study. The preferred definition for his research, chosen for its simplicity and clarity of purpose, was that proposed by Rossi and Freeman (1993):

“Evaluation research is the systematic application of social research procedures for assessing the conceptualization, design, implementation and utility of social intervention programs”

(Rossi and Freeman 1993 p.5).

The commitment to systematic programme evaluations became commonplace in the fields of education and public health, first seen prior to the World War I, continued to grow during the 1930s, and increased further during World War II, continuing to expand into diverse policy areas throughout subsequent decades up to the present-day (Rossi and Freeman 1993). Pawson and Tilley (1997) sum up their perceptions on the extent to which evaluation has grown:

“Evaluation has become the mantra of modernity”

(Pawson and Tilley 1997 p.2).

further reflecting that:

“the term now carries so much baggage that one is in danger of dealing not so much with a methodology as with an incantation”

(ibid).

The influence that users of evaluation research findings have themselves had on this growth in evaluation research has been acknowledged by Rossi and Freeman (1993), who commented that:

“evaluation research is more than the application of methods. It is also a political and managerial activity, an input into the complex mosaic from which emerge

policy decisions and allocations for the planning, design, implementation and continuance of programmes to better the human condition”

(Rossi and Freeman 1993 p.15).

Diversity in conceptual outlook and methodological approach to evaluation research were evident in the literature. Rossi and Freeman (1993) have pointed out that evaluation practitioners have been drawn from a wide range of academic disciplines and professions resulting in these divergent perspectives. They also attribute this difference in perspectives as being related to the motivations of evaluators and the differing settings within which they worked; these differences leading to different approaches to design, data collection and methods of analysis.

Four main perspectives to the advancement of evaluation theory have emerged from the literature. These are summarised below:

- experimental

described as the theory of causation, based on experimental and control groups, the only differences being the application of the programme, assuming therefore that only the programme could have influenced the outcomes (Campbell and Stanley 1963)

- naturalistic

an approach which acknowledged that social programmes were constituted in complex human processes of understanding and interaction and accommodated the views of stakeholders, as they influenced and negotiated their way through implementation in the ‘here and now’ and further acknowledged the significance of context (Guba and Lincoln 1989)

- pragmatic

policy making and programme development were seen in this paradigm as an intersection of ideas and interests. Adopting this approach called for evaluation standards based on utility, feasibility, propriety and accuracy to take forward the practical cause of policy making (Patton 1978; 1980; 1982)

- pluralistic

this approach called for attention to both breadth and depth, on outcomes and processes, of inter-related activities involving an institutional and individual diagnosis of the problem and the adequacy of the programme conceptualization (Rossi and Freeman 1993; Cronbach, 1963; 1982).

These have represented different postures and preferences towards evaluation and methodologies by leaders of their field. Identifying the congruent elements among these differing perspectives to advance evaluation theory was seen by Shadish et al (1987) as a way to help evaluators make decisions on approaches and design.

In order to inform the decision on which approach to be adopted in this study, each perspective was considered for its suitability to the research question and the need to capture the complex contextual issues of policy implementation.

A number of commentators (Cronbach, 1963; 1982; Palmer, 1975; Chen and Rossi 1983; Rosenbaum, 1988; Pawson and Tilley 1997) have been critical of the limitations presented by the experimental approach in application to public policy, in that it failed to

inform on the conditions, or settings, which were conducive to achieving positive outcomes. They called for more sophisticated approaches that recognised the organisational and political contexts in which policy making occurred. Guba and Lincoln (1985), for example, have argued:

“Phenomena can be understood only within the context in which they are studied; findings from one context cannot be generalised to another; neither problems or solutions can be generalized from one setting to another”

(Guba and Lincoln 1989 p.45).

Pawson and Tilley (1997) were in support of Guba and Lincoln’s (1989) statement, observing that experimental approaches attempted ‘to strip away’ the context, therefore yielding results that were only valid in context-less situations. An experimental approach was therefore rejected for this study.

In turning to consider adopting a pragmatic approach, this was seen in the literature to be allied to experimental designs which called for isolation of the change from the wider context by controlling that context and the intervening factors between intervention and outcome. Davies et al (2004) considered this to hamper understanding of ‘*what works*’ and ‘*external applicability*’ (original in italics), arguing that:

“...contextualised understanding of effectiveness provides a more secure basis for extrapolating research findings to other sites and settings – increasing confidence in external reliability”

Davies et al 2004 p. 271.

Calling for more robust evidence of ‘*how things work*’ (original in italics), to inform both intervention design and tailoring these to specific contexts, Davies et al (2004)

recognised that randomised and theory-driven evaluation (as advocated by Pawson and Tilley 1997), both had contributions to make but that a balance was required.

“Interventions where human agency is central and the settings are unstable may need more imaginative theory-driven evaluation strategies”

(Pawson and Tilley 1997 p. 271).

As a pragmatic approach was seen to require dissociation from real-life contexts in its methodological design, it was rejected for this study, as the research question, articulated in Chapter Two, is grounded in socially located interpretations, culture and structures for the policy implementation.

A pluralistic theoretical framework was chosen as it called for breadth and depth, a focus on both processes and outcomes, on the inter-related activities of institutions and individuals in the diagnoses of the issues and an analysis of the adequacy of the programme conceptualisation. Such an approach was seen to accord with the Research Question and objectives, as described in Chapter Two.

Chapter Four.

Design and methodology for complex cross-cutting policy evaluation.

4.1. Pluralism and the voice of organisational stakeholders.

Smith and Cantley (1985) argued that traditional approaches to evaluation failed to recognise the vagaries of policy making and the ambiguities seen within local agencies. One of the difficulties with these traditional approaches, they argued, was the complex nature of organisations constituted by various vested interests of individuals and groups. Pluralism represented an approach to evaluating pluralistic policy but critics, (Pawson and Tilley 1997), view it as infeasible in application, arguing that ‘comprehensiveness’ was not achievable; choices always had to be made on priorities and limitations imposed by resource restrictions. However, such criticism could be applied to all evaluation perspectives, in that evaluations will always be bounded by considerations of inclusion and exclusion, practicalities and resources. Advocates of pluralism, (Smith and Cantley 1985, Palfrey et al 2004), considered that multiple stakeholder perspectives for informing judgments were an important contribution to achieving a balanced picture.

However, Palfrey et al (2004) have pointed out that the question of whose perspective and opinion was the most important (and therefore carried the most weight) remained unanswered. This is a particularly interesting question, and one far beyond the scope of this study. To illustrate, the Labour Government’s drive for public and patient engagement and the concept of choice, seen in many social and health policy

developments over recent years, could conflict with organisational corporate and clinical governance responsibilities and create tension in making difficult and unpopular planning decisions, as in, for example, hospital closures. Hill and Hupe (2005) have commented on this issue of governance, observing that pluralism (of policy) needed to:

“advance ways of dealing with the problem of accountability that take into account organisational complexity”

(Hill and Hupe 2005 p.32).

This is an area that represents a significant challenge in today’s policy environment where much is predicated on successful implementation through partnership and collaboration across a multiplicity of organisations with differing governance arrangements, performance measures, objectives, philosophies and legislative frameworks. The Audit Commission (2005) recognised that while partnerships brought many benefits as a response to complex multifaceted problems, they also brought risks and may not deliver good value for money. They estimated in their report, that 5,500 partnerships existed in the UK, managing £4 billion of public expenditure; yet this approach of working across organisational boundaries brought complexity and ambiguity, generating confusion and weakening accountability. They called on local public bodies to be:

“much more constructively critical of this form of working: it may not be the best solution in every case”

(Audit Commission 2005 p.2).

Calls were also made by the Audit Commission (2005) for central government to become clearer about the role and accountability of partnerships and the scope of local discretion over priorities, with fewer targets, focused on outcomes to measure cross-

cutting policies and integrated financial accounting and regulatory frameworks for reporting on joint expenditure.

Calls have also been made for utility in evaluations (Rossi and Freeman 1993) and to ascertain what it was about a programme that made it work (Pawson and Tilley 1997; Davies 2000). Pawson and Tilley (1997) have called for a synthesis of the best lessons from each of these approaches with an emphasis on understanding the '*contextual features*' (original in italics) of evaluations. Davies (2000) noted a growing confidence in eclectic approaches to methodologies, but that the challenge remained in resolving conflicts about the nature of evidence, and achieve agreement on the diversity of methodological perspectives to advance evidence based policy and practice in cross-cutting complex policy arenas.

Coote et al (2004) concluded that a shared theoretical framework had yet to emerge for conducting evaluation across government departments or indeed that any agreement on such had been reached among evaluators. In addition, although multi-method evaluations were gaining in popularity, particularly so in evaluating complex community-based initiatives, consensus had yet to be achieved on which methods were suitable for which purposes.

There were high expectations that this growth in evaluation research would lead to research-driven policy making, but critics argued this has not been realised in practice (Skogan 1992; Hammersley and Scarth 1993; Susser 1995; Pawson and Tilley 1997).

Pawson and Tilley (1997) further reported on examples where evidence had clearly been ignored by politicians in making declarations at party political conferences, and the failures in impacting on policy making when the macro political issues came into play – rhetoric winning over evidence.

Coote et al (2004) have given some credence to Pawson and Tilley's (1997) findings in their interviews with central government staff to find out how they used the findings from research as a learning and knowledge building process. They offered the following quotation from one of the research evaluators, who reflected on interviews they had conducted with civil servants:

“They (civil servants) get the reports, they crawl all over them. They take out all the bad messages and then publish them. Whether they look at them to improve policy, I don't know. ‘Give us some good news!’ that's what they say”
Evaluator.

(Coote et al 2004 p.4).

An additional example of this form of action was very recently reported by Ungood-Thomas and Baird (Sunday Times 2006), in which the Government was accused of undermining the independence of the National Audit Office by toning down key passages and findings of an inquiry into the multi-billion pound NHS computer system. In this draft report, seen by the reporters, the Department of Health was accused of failing to demonstrate:

“clear and effective leadership”
(Sunday Times August 20 2006 p. 2.)

to staff implementing the programme and that,

“the NHS lacked sufficient skills to support the delivery of the programme”
(ibid).

Of additional concern was Coote et al's (2004) finding that the Government had not yet developed a 'learning culture,' with some departments reportedly reluctant to invest in learning from research findings and disseminating those findings and furthermore, political imperatives to demonstrate success within tight timescales, tended to inhibit rather than encourage learning. Such findings begs the question, how then to measure success in central government initiatives, and where performance improvements have been demonstrated, on what have these been based, how have they been achieved and significantly do they really offer value for money for the taxpayer in terms of the costs and real benefits to society and individuals?

Through their reviews on complex community based health initiatives, Coote et al (2004) believed that more government officials were of the view that evaluation needed to seek understanding of processes and systems and was not just for the purpose of performance monitoring of nationally set targets. They concluded that most significantly, researchers needed to develop more explicit understanding of the political trade-offs required and influences that were exerted in policy formulation.

Pawson and Tilley (1997) and Coote et al (2004), have called for more replication of evaluations to find out whether initiatives really worked, and were worthwhile. Yet the difficulty of evaluating complex, community-based initiatives, due to their size, speed of roll-out and focus on addressing multiple problems, all within shifting political environments has also been acknowledged by Coote et al (2004). This study explores whether this ambition can be realised in contexts outside the laboratory, in evaluations

of complex cross-cutting policy programmes, where implementation can be so significantly influenced by local political factors, internal and external organisational dynamics, professional practice and variability in adherence to policy objectives (fidelity), remains in question.

It could be argued that if the findings of Coote et al (2004) are representative of the civil service culture, then significant political and administrative cultural change is needed if politicians' proclamations of evidence-based policy formulation have any chance of not being judged as just more political rhetoric.

4.2. Plurality of methodological approaches.

One of the many challenges for politicians in democratic societies is the challenge to develop public policies to tackle the multiplicity of societal problems. Acknowledgement has already been made that public policies have to be planned for and implemented within organisational frameworks, as a dynamic process with many vested stakeholders.

Hill (2005) has warned that care was needed, in that the concept of policy formulation was elusive, and the concept sometimes used to suggest a rational process undertaken in an organised way with specific goals. Other commentators, Friedrich (1940) and more recently Barrett and Hill (1981), have observed that policy changes over time and was subjected to iteration, a process appearing to accord with Easton's systems approach theory (1953, 1965a, 1965b). A conceptual framework for considering evaluating organisational processes, founded on Easton's work (1965), has been proposed by

Palfrey et al (2004) (see Chapter One Fig 1). They warned however, against too restrictive an interpretation of the model as a linear process, highlighting that the reality of policy processes required iteration, often, through implementation.

Lindblom's theory on the achievement of coordination between people, and his concept of "partisan mutual adjustment" (1965), has been challenged on the basis that changes could occur in a context in which certain parties were dominating and therefore this "mutual" adjustment did not occur (Harrison Hunter and Pollitt 1990). Later work by Lindblom (1977; 1979) illustrated a shift in his position to one which acknowledged that ideology played a role. This position, further supported by March and Olsen's (1996) contribution to the argument:

"insofar as political actors act by making choices, they act within definitions of alternatives, consequences, preferences (interest) and strategic options that are strongly affected by the institutional context in which actors find themselves",
(March and Olsen 1996 p.25).

is relevant at the local, as well as the national level, when it comes to local policy formulation, and in the implementation of national policy initiatives. Most of the centrally determined initiatives to tackle, crime, as well as other programmes on health, regeneration and social exclusion, are designed to be implemented in partnership with local communities, all reportedly taking place within a political framework that endorses the use of evidence in policy formulation; therefore affected by these very institutional context described above by March and Olsen (1996).

Palfrey et al (2004) identified that political processes were likely to influence all aspects of policy formulation and implementation and that these conflicts and vested interests needed to be recognised. They advocated that their framework (Fig 2) was useful in analysing and evaluating policy processes within health care systems when it was combined with the analysis of political processes seen to operate at three levels, micro, meso and macro levels described in Chapter One.

It was these very inter-dependencies and inter-relationships that the Labour Government sought to maximize through its programmes of community-based policy initiatives to tackle complex social problems. Such calls for partnership approaches were not new (Booth 1981), although the problems of achieving such collaboration were well recognised in the literature (Wistow, 1982; Challis et al., 1988; Palfrey et al., 1991; Webb, 1991; Huxham, 1996 and Audit Commission 2005). The Kings Fund (Coote et al 2004) has recognised that these complex, community-based initiatives were hard to evaluate for a number of reasons:

- because of their size
- the speed with which they were rolled out
- because they were trying to address multiple problems and,
- shifting political environments.

The differing needs of different stakeholders have also been identified by Coote et al (2004), who commented that:

“politicians favour quick wins, while civil servants seek clear results that satisfy ministers..... researchers..... prefer to pursue academic credibility and profile,

and practitioners in the field want to secure funding and get help with improving practice”

(Coote et al 2004 p. 3).

Having gained in significance during the second half of the twentieth century, the literature on implementation studies has influenced this study in its arguments supporting a ‘bottom-up’ approach to evaluating policy. Furthermore, Hill (2005) has questioned the way in which policy transmission occurred through multi-governmental systems, a concept explored in Chapter 3 (Fig 4), as an adaptation from a schematic developed by Exworthy and Powell (2004). Pressman and Wildavsky (1973; 1984 3rd edition) argued that successful implementation was dependent upon the linkages between organisations and departments at the local level. In designing a policy evaluation, Yanow’s (1993) challenge to policy evaluators was for them to question how a policy accrued its meaning, was transmitted among various policy stakeholders, was shared or not as the case may be and how it might be destroyed?

Taking up the challenges, outlined above, called for an approach to methodology in this study that captured the plurality needed for an evaluation grounded in complex real-life organisational processes. Evaluating the success of policy implementation called for attention to the fidelity and integrity (Pawson and Tilley 1997) of the local contextual policy implementation programme, as it was applied within a differing cultural and jurisdictional context to that of the original centrally driven policy.

Jones and Hunter (1995), in writing on consensus methods for medical and health service research, reflected that health care providers faced problems in making decisions

in situations with insufficient information, or overload of information, some of which was often contradictory. Organisational stakeholders, in implementing cross-cutting policy, have to make similar decisions. Jones and Hunter (1995) concluded that consensus methods provided a means of synthesising a wider range of information than was common in statistical approaches. These consensus methods were seen to attempt to assess both the extent of agreement (consensus measurement), and to resolve disagreement (consensus development).

The extent to which a policy can be regarded as being successful depends on a multiplicity of factors. What this study aimed to identify were those factors and processes which were crucial to successful implementation of centrally driven UK policy within a local context, barriers to successful implementation and how variation in the implementation process might impair the fidelity and integrity of a policy. A case study approach was chosen to illustrate the contextual complexity of policy implementation, particularly in high profile cross-cutting policy arenas. The policy area chosen was the implementation of the policy on DTTOs.

The design of this study required an approach that captured the plurality of the policy process, the complexity and dynamics of implementation in partnership arrangements and the multiplicity of stakeholders' views to investigate depth and breadth from organisational and individual perspectives. A 'bottom up' analysis was needed to provide a clear picture on the influencing factors for success, the obstacles and

constraining factors for a centrally driven policy to be implemented at the local level, in differing cultural and jurisdictional contexts.

The evaluation research design chosen for this study reflected the desire to evaluate the success of policy formulated at UK level, from the perspectives of the organisational stakeholders with responsibility for implementing the national policy within a geographically defined area of South Wales. To achieve this, the approach chosen as a means of gaining consensus of opinion on the evaluation criteria to be utilised, was a modified Delphi technique, which resulted in the formulation of organisational stakeholder evaluation criteria relevant to the specific policy – what works, how it works and in what contexts.

4.2.1. Evaluation criteria.

It was argued in Chapter 2 that the achievement of consensus within organizations, responsible and accountable for implementing pluralistic policy, had been largely ignored and that the development of criteria upon which to base evaluations could be influenced by the most powerful individuals or groups. It is acknowledged that there are an infinite number of criteria available when undertaking evaluations. Palfrey et al (2004) have commented on the numerous attempts to find useful performance indicators for the National Health Service, many of which, particularly in the early years, tended to focus on inputs and outputs, rather than outcomes. Performance indicators have been seen as a key mechanism by which Government evaluates the performance of public sector agencies, yet they remain contentious, particularly so when used to compile league

tables as in health (and also in education), critics arguing that they lack sophistication (Palfrey et al 2004 p.82). Well recognised within the literature were those criteria suggested by Maxwell (1984) as indicators of “quality” in health care:

- effectiveness
- efficiency
- equity
- appropriateness
- acceptability
- accessibility

Others (NHS Executive 1999) suggested six areas:

- health improvement
- fair access to services
- effective delivery of appropriate healthcare
- efficiency
- the patient and carer experience
- the health outcomes of NHS care.

In local government the introduction of ‘Best Value’ in 1999 required local authorities to develop Best Value Performance Plans to monitor and report on national and locally defined targets, and to conduct Best Value Reviews of all services, which were subsequently inspected by the Audit Commission (Audit Commission 2001). Many authorities undertook this work by benchmarking performance between organisations. In

England 'Best Value' has been superseded by 'Comprehensive Performance Assessment' where it was seen that evaluation of specific services was complemented by a system of corporate assessments. In Wales a different approach based on self-assessment has been adopted, the 'Wales Programme for Improvement' (National Assembly for Wales 2002).

Critics have argued that reducing evaluation to measures of single aggregated scores gave insufficient emphasis to external issues, such as outcomes, local accountability through decision making and the conduct of the organisation (Bovaird et al 2002). Such approaches have also been perceived as cumbersome and bureaucratic (Palfrey et al 2004).

While the usefulness of these criteria may be open to debate, they were considered somewhat limiting in the context of multi-partnership interpretation.

The conceptual framework for evaluation advocated by Palfrey et al (2004) (Fig 2) and Thomas (1988), as a modified version of the well established "systems model" (Easton, 1965), while subject to criticism, was contended by Palfrey et al (2004) to remain useful if attention was paid to the micro and macro political issues in guiding people to focus on the important elements in the process, such as setting the objectives and encouraging a rational approach to decision-making. However, it must also be acknowledged that other elements can be seen to emerge in any decision-making process, including self-interest, ideological commitments, attitudes, perceptions and other political variables.

Palfrey et al (2004) have expanded on Maxwell's framework and identified the following criteria to guide decision makers:

- Responsiveness
- Equity/justice/fairness
- Equality
- Effectiveness
- Efficiency
- Economy
- Accountability
- Accessibility
- Appropriateness
- Acceptability
- Choice
- Ethical considerations

(Palfrey et al 2004 pp. 75 -76).

The criteria were not considered to be mutually exclusive and blurring of boundaries between them was acknowledged. Given the infinite number of criteria, and there was no 'a priori' method of prioritising the criteria reported in the literature in terms of their relevant importance, it was a contention in this study that considerations of context bounded inter-relationships, inter-dependencies and differences were particularly important for services expected to be planned and delivered by several organisations working in joined up collaborative partnerships and delivering legislative driven

programmes. It was on this basis that this evaluation sought a consensual approach for organisational stakeholders to identify the criteria for this evaluation.

One of the methodological approaches adopted for this study involved categorizing the qualitative data derived from the expert stakeholder panel interviews, according to criteria advocated by Palfrey et al (2004). A tool (Appendix 1) was then developed from the emergent consensus derived criteria for this same expert stakeholder panel to rank in order of importance; to determine the relative importance of each criterion, but also the extent of consensus among the panel in relation to relative importance.

4.3. Delphi as a technique.

The Delphi method was originally developed in the 1950s by the RAND Corporation in California as a subjective-intuitive method of foresight and has been used for long-range forecasting (Dalkey and Helmer 1963). The Delphi, a multiple iteration survey technique, enables anonymous, systematic refinement of expert opinion with the aim of arriving at a combined or consensual opinion (Helmer 1967). The technique was intended for use as a judgment enhancing tool, involving a panel of experts, and valued for its ability to structure and organise group communication (Powell 2003) and, according to Dalkey (1969), was primarily concerned with making the best of a less than perfect kind of information. As the name implies, the method belongs to the subjective-intuitive methods of foresight (Kaplan et al 1950) – applications have included long-range forecasting. Reid (1988) described it as:

“a method for the systematic collection and aggregation of informed judgements from a group of experts on specific questions or issues”

(Reid 1988 p.231).

and identified the advantages to this approach as:

- it allowed the respondents to remain anonymous
- enabled responses without the bias that might otherwise occur in group discussion methods
- it decreased the likelihood of socially desirable responses
- encouraged refinement of opinion over critical issues
- was a cost-effective way of collecting a consensus of opinions from a group of knowledgeable people without the problems of organising meetings and logistical problems over a large geographical area.

Rowe et al (1994) has described four required features:

- anonymity of panel members
- iteration through presentation of a questionnaire over a number of rounds
- controlled feedback by statistical summaries and opinion
- statistical group response at the end of the procedure.

A number of commentators (Delbecq et al 1975; Dawson and Barker 1995; Murphy et al 1998) reported that the main advantage of the Delphi was the achievement of consensus in a given area of uncertainty or where empirical evidence was lacking; the technique aiming to maximize the benefits from having informed panels consider a problem (process gain) while minimising the disadvantages associated with collective decision

making (process loss), particularly domination by individuals or professional interests that may inhibit participants and in consequence reduce respondent bias (Jones and Hunter 1995).

Crisp et al (1999), in critiquing this approach, has questioned the use of the single term 'Delphi technique' to cover what they saw as a diverse range of research approaches. They undertook a review of the application of the technique and argued that there was little agreement in the literature regarding the necessity of any one feature as described by Rowe et al (1991). Other commentators that predated Crisp et al's analysis have attempted to capture the differences by applying descriptive labels. These have resulted in the development of different types of Delphi; the 'classical', 'policy', and 'decision' Delphi as outlined below:

- the classical Delphi - a forum for facts whereby a large number of unbiased experts use facts to derive consensus in predictions or forecast for future events; it normally involves anonymity for panellists and iteration with controlled feedback in the form of a statistical group response and may involve comments from individual panel members;
- the policy Delphi - a forum for ideas and comprising lobbyists to define and differentiate views and described by Rauch (1979) as:

“a tool for the analysis of policy issues and not a mechanism for making a decision”

(Rauch 1979 p.162);



the aim is not consensus but a clear understanding of the plurality of standpoints and as above, panel members remain anonymous and iteration and controlled feedback are provided;

- the decision Delphi - a forum for decisions and unlike the two previous approaches in that panel members are not anonymous, although their responses are, the second difference being in terms of a defined outcome i.e. a decision.

Crisp et al (1999) concluded over the years, that researchers had extensively modified the purpose to which the Delphi technique had been used. They also found that definitions of the technique had been liberalised and that, while better able to accommodate the diversity in application of the method, they expressed concerns about the usefulness of such broad definitions.

4.3.1. Validity and reliability of Delphi as technique.

The validity of consultative methods has been considered by Caves (1988), and an assertion presented that consultative methods, like the Delphi, could improve the validity of a study, in that when consensus was achieved, it could be argued, that there was evidence of concurrent validity in that the experts themselves had both identified and agreed upon the evaluation criteria. However, a number of critics have challenged the Delphi on the basis of scientific rigour.

Sackman (1975) has argued that the method failed to meet the standards set for scientific methods, specifically poor questionnaire design, inadequate testing of

reliability and validity of methods and of defining and selecting experts. He also argued that the method was weak, by not allowing participants to discuss issues, but rather forced consensus and was often oblivious to reliability measurements and scientific validation of the findings. Even defenders of consensus methods have warned against ‘overselling the methods’ and suggested that they should be regarded more as methods for structuring group communication, rather than a means of providing answers (Linstone 1978). Other critics, (Dodge and Clark 1977) have suggested that bias may be introduced by the researcher in the interpretation of the findings through the manipulation of opinions. However, Pawson and Tilley (1997) argued that objectivity was an ideal state, incapable of being realised; instead one should view it as a goal of evaluation to which researchers strive. Pawson and Tilley (1997) concurred with Gordon’s (1992) illustration:

“That these ideals cannot be attained is not reason for disregarding them. Perfect cleanliness is also impossible but it does not serve as a warrant for not washing, much less rolling in a manure pile”

(Pawson and Tilley 1997 p.27).

In determining the ‘experts’ that constitute the panel, choice has to be justifiable to the matter under examination. However, a risk for bias in selection was articulated. Scott and Black (1991), in writing on using this approach in medical research, have observed that the composition of the panel could affect the results obtained. Furthermore, Williams and Webb (1994) have argued that there was no evidence that the Delphi method was reliable, as they questioned if the same information were provided to two (or more panels) selected using the same criteria, would the same results be achieved? Reid (1988) supported this contention having found no comparability of responses of

two panels selected on the same criteria, and therefore asserted that questions of replicability arose.

Crisp et al (1999) criticised the failure by many researchers to address the contentious issues in the methodology and the potential for bias that was associated with the interpretation and organisation of the material fed back to panel members. They also commented on a pre-occupation in the literature on the issue of consensus, but that its relevance and measurement were often not examined.

Powell (2003), in defence, asserted that because the technique was intended to correct for lack of conclusive data by drawing on and sharing the knowledge and experience of experts, it should not be subject to the same validation criteria as hard science. Further defenders of the techniques, for example Murphy et al (1998), have noted that consensus development methods (which include the Delphi) should be viewed as processes for making best use of available information. Alternative means of demonstrating scientific rigour have been discussed by Powell (2003), who advocated for the use of “goodness criteria”, as proposed by Heshusius (1990). Fink et al (1991), in contributing to this debate on the issue of credibility in Delphi findings, suggested a number of key features:

- inclusion of a clear decision trail that defends the appropriateness of the method to address the problem selected
- choice of expert panel
- data collection procedures
- identification of justifiable consensus

- levels and means of dissemination and implementation.

Murphy et al (1998) also highlighted a number of ways in which the findings of a Delphi study could be evaluated:

- comparison of the findings with the results of a randomized-controlled trial
- criterion-related (predictive and concurrent) by comparing findings with data from other sources
- assessment of internal logic by checking consistency of the group's output
- assessment of face validity through judgment on usefulness in terms of correctness, commitment and implementation.

Among those critical of this approach, Sackett et al (1996), for example, observed that the evidence-based movement integrated best available external clinical evidence from systematic research with individual clinical expertise. The latter was described as constituting proficiency and judgment acquired through clinical experience and clinical practice. Such an interpretation, Powell (2003) argued was more compatible with the Delphi methodology than first appeared, if based on the presumption that expert opinion was evidence based.

Support for the Delphi approach was also found in Jones and Hunter (1995), who concluded that the output from consensus approaches was rarely an end in itself. Rather, that contribution lay in the dissemination and implementation of such findings, which they argued could be used to guide health policy. Palfrey et al (2004) argued that a

stakeholder approach to selecting the criteria upon which evaluations were based was a means of reducing the subjective nature of evaluations. The modified Delphi technique utilised in this study was a means of responding to these criticisms of evaluator subjectivity. In this evaluation, conducted from the perspectives of the 'expert' stakeholders, the interface with other stakeholders, offenders and front-line professionals, was through application of the expert stakeholder derived criteria in the design of the interview schedules for the respective cohorts of interviewees.

4.3.2. Development of the methodological approaches in this study.

This evaluation of a cross-cutting public policy initiative, framed in legislation, needed to capture the plurality of views of stakeholders who had a vested interest in the policy implementation process. The values adopted in this study were to frame the evaluation at the outset within the multi-organisational contexts within which the policy implementation would occur. This required methods that facilitated subjective intuitive foresight (Kaplan et al 1950), combined with a method for the systematic collection and aggregation of informed judgments (Reid 1988), from a diverse range of multi-organisational stakeholders with acknowledged organisational expertise, as conferred by their roles and/or status within the organisations within which they operated. Furthermore, these multi-organisational stakeholders were viewed to be representative of a forum of lobbyists, advocating on behalf of their organisational remits and accountabilities, in the analysis of policy issues (Rauch 1979).

For the above reasons, a Delphi approach was chosen to systematically collect judgments about how to evaluate a specific piece of legislated public policy, emanating from the UK government, from the perspectives of multi-organisational stakeholders in South Wales. The literature was then explored to identify the ways in which Delphi studies had been applied in practice, and to guide the methodological approach in this study for the systematic collection of informed judgments of multi-organisational stakeholders.

Steps were taken in designing the methodology in this study to reduce the weaknesses reported in the literature and achieve credibility of findings by:

- specifying the criteria for panel selection
- monitoring attrition rate over successive rounds
- choice of data collection methods sensitive to issue of confidentiality, risk and triangulation of data
- inclusion of a clear decision trail defending the appropriateness of the methods to research question
- comparing criterion-related findings with data from other sources
- proceeding on the presumption that the opinions of the expert panel were evidence-based, justified by their organisational status.

4.4. Conduct of a Delphi survey.

The literature described how classical administration of the Delphi was through a series of sequential questionnaires or 'rounds' interspersed with controlled feedback (Linstone

and Turoff 1975). This process has been helpfully articulated by Jones and Hunter (1995):

- Round 1 - either the relevant individuals are invited to provide opinions on a specific matter, based on their knowledge and experience, or the team undertaking the Delphi expresses opinions on a specific matter and selects suitable experts to participate in subsequent questionnaire rounds;

these opinions are grouped together under a limited number of headings and statements drafted for circulation to all participants on a questionnaire;

- Round 2 - participants rank their agreement with each statement in the questionnaire;

the rankings are summarized and included in a repeat version of the questionnaire

- Round 3 - Participants re-rank their agreement with each statement in the questionnaire with the opportunity to change their score in view of the group's response;

the re-rankings are summarized and assessed for degree of consensus: if an acceptable degree of consensus is obtained the process may cease, with final results fed back to participants; if not, the third round is repeated

(Jones and Hunter 1995 p.377).

Further analysis of the literature identified that Keeney et al (2001) had revised Rauch's (1979) descriptions and highlighted that, in their analysis of the applications, the existence of differing forms of the Delphi technique, 'modified', 'realtime' and 'policy' could be seen, suggesting that in reality, interpretation and application of the technique was very varied. In recognition of this variation, Mead and Mosley (2001) have proposed the term Delphi '**approach**' as a more accurate description of the Delphi studies in the literature.

Methods of data analysis were seen to vary in the literature depending on the nature and purpose of the Delphi study. A typical approach seemed to be for content analysis techniques to be applied to identify the major themes generated from the initial questionnaire, translated into a structured questionnaire that formed the basis of the following rounds; with these subsequent rounds analysed using ranking or rating techniques (Jairath and Weinstein 1994). The third, and any subsequent rounds, indicating to panel participants the central tendency and dispersion scores from the previous round, and also include an indication of where their scores were placed in relation to the overall picture: the opportunity to revise previous scores was judged an important element in the move towards consensus (Powell 2003).

4.4.1. Development of the Delphi adopted in this study.

As one of the objectives in this study has been to develop a set of stakeholder derived criteria for evaluating the public policy implementation, it was necessary to devise an

approach to the methodology in which stakeholders' opinions on the issues could be captured and assimilated to form the evaluation criteria.

Keeney et al's (2001) analysis of the applications and of differing forms of the Delphi technique, 'modified', 'realtime' and 'policy', suggested that in reality, interpretation and application of the technique was very varied.

Consideration was given to adopting the conduct of a Policy Delphi technique, which whilst acknowledged as a tool for analysis of policy issues (Turoff 1970), and representing a very interesting approach for policy analysis, was rejected for this study on the following grounds:

- the approach sought to generate strong opposing views
- generating consensus was not a prime objective of the approach
- the aim was for participants to consider a range of options as resolution
- it was assessed as resource intensive
- the focus fell outside the scope of this study.

The administration chosen to meet the objectives in this study was that proposed by Mead and Mosley (2001), a Delphi '**approach**'. The criticisms and concerns about the liberalisation of the technique, as described in the literature above were considered, as it was recognised that for this study, a methodological argument for the administration of a Classical Delphi technique would not stand up to scrutiny. However, it was felt that a justification could be made for adopting a Delphi approach, as outlined above, for the

development a set of stakeholder derived criteria through engagement with an expert panel, so that policy implementation could be evaluated. Furthermore, such an approach lent itself to methods of data analysis based on those typically identified by Jairath and Weinstein (1994). In application of this study, a deviation from the normative processes of Delphi methodology was taken, in that it was decided not to use a questionnaire approach as this, in itself, could lead to evaluator bias in the construction of the questionnaire, and it was felt important to design a dynamic process that enabled an opportunity to ask for clarification and rationale for opinions expressed, in order to fully understand and capture the diversity of perspectives. Instead, surveying of expert opinion was conducted through unstructured individual face-to-face interviews with expert panel members. The interviews were content analysed and the ranking process planned via structured postal questionnaire. Attrition rates were monitored to reduce response bias.

To summarise, the purpose of the modified Delphi, as a tool, in this study was two-fold:

- Phase one – the modified Delphi technique was applied to elicit the evaluation criteria from an expert stakeholder panel
- Phase two – application of the expert stakeholder evaluation criteria within the local service to evaluate the public policy implementation process using a case study approach for the implementation of DTTOs.

4.5. The meaning of consensus.

This study, while attaining a focus on capturing the plurality of views of stakeholders in the implementation of the Drug Treatment and Testing policy, was also interested in determining where consensus and dissensus lay in how to judge the implementation of the policy, i.e. consensus on what criteria to use in conducting this evaluation through interviews with offenders and front-line professionals. It was important to consider early on in the research design, the meaning of ‘consensus’ and articulate how this has been interpreted for this study.

A dictionary definition stated that consensus was:

“an agreement in opinion on the part of all concerned”
(Oxford Dictionary 1969).

However, in a later edition, a change in emphasis can be observed, to one that defined it as:

“an agreement in opinion; a majority view”
(Oxford Dictionary 1984).

and further refined in 2006 to:

“a general agreement, about something”
(Oxford English Dictionary 2006).

Williams and Webb (1994) found the earlier definitions unhelpful in informing their own research, so reviewed a number of studies which had adopted consensus based methods to ascertain if there was agreement in the literature on what constituted ‘consensus’, that could then inform their own work. They found definitions that ranged from ‘true’ consensus, through stability of response, to majority rule.

The extent to which importance was associated to deriving consensus, depended on the approach adopted, as debate surrounded the arguments that consensus obtained in Delphi studies, while high, was not related to genuine agreement (Sackman 1975; Woundenberg 1991). Rauch (1979) espoused that while consensus was a determined goal in the classical Delphi approach, it was less relevant to the policy and decision Delphi studies.

Linstone and Turoff (1975) concluded that there were no firm rules for establishing when consensus was reached, commenting that the final round usually showed convergence of opinion, with the dispersion of views lessening with each round. However, Murphy et al (1998) noted that the convergence of opinion was relatively slight, and commented that the degree of dissent and divergence amongst panel views should be highlighted.

Powell (2002), observed that setting a percentage level for inclusion of items seemed to be a common interpretation, although noting that these ranged from 55%, to 100% agreement for items to be accepted. However, others failed to specify a figure, leaving interpretation up to the reader (Lindeman 1975; Bond and Bond 1982; Gabbay and Francis 1988; Hartley 1995; Gibson 1998). This arbitrariness in this latter approach to the level of consensus needed, has been criticised in the literature, which noted that, as many researchers failed to set a level for consensus prior to the enquiry, this resulted in the notion of 'high' level consensus as a moveable feast, unilaterally decided upon by the researcher (Williams and Webb 1994). Consequently, the outcome of such an

approach was open to criticism as it was not open to replication. Williams and Webb (1994) suggested that a more reliable method would be to assign a numerical level for consensus at the outset.

4.5.1. The meaning of consensus in this study.

One of the challenges in this study, given the nature of the cross-cutting policy and diversity of stakeholders for policy implementation has been how to interpret consensus? Organisational stakeholders had widely varying remits, jurisdictions and performance targets, some of which lacked inter-dependence within a multi-stakeholder environment, most notably those of the enforcement agencies and drug treatment agencies. These tensions could also be exemplified within local authorities in terms of meeting individual needs, vis-à-vis the larger community needs, particularly where drug misuse was the issue within a locality, posing tensions such as, do you support and treat, or initiate enforcement activity?

As this study adopted a modified Delphi technique, the interest in this study lay in the extent of consensus that would emerge from the expert panel, given this very diversity. It was important to determine the relative importance of each criterion, but also the extent of consensus among the panel in relation to relative importance. Given the number of panel members, and likely distribution of responses, it was decided to use the median value as the indicator of relative importance and the inter-quartile range as the indicator of consensus, as opposed to the mean and standard deviation.

Consideration also needed to be given as to how to acquire the data to inform the consensus process. Reference has been made earlier in this chapter that traditionally Delphi methodologies have used questionnaires for this process, however, this study needed to capture the very diversity of expert opinions as a primary function, and then from this, move to consensus. It was felt important to design in a dynamic process that enabled an opportunity to ask for clarification and rationale for opinions expressed in order to fully understand and capture these perspectives. The modification to the technique applied, as a methodology in this study, for face-to-face interviewing was justified on this basis. The ranking of the criteria, once devised from the interviews, was conducted as a two postal exercises. Chapter Seven reports on the findings from the Delphi approach to determining the stakeholder evaluation criteria.

4.6. The Expert Panel of Stakeholders.

One of the key considerations for researchers adopting a Delphi approach has to be that of the constitution of the expert panel. Delbecq et al (1975) noted that heterogeneous panels with widely varying personalities and substantially different perspectives on a problem, produced a higher proportion of high quality solutions than homogenous groups. Support for this observation has been offered by Rowe (1994) who advocated for experts to be drawn from varied backgrounds in order to guarantee a wide base of knowledge. Jones and Hunter (1995) took this further by advising that panels should be selected so as to ensure that no particular interest or preconceived opinion was likely to dominate. Murphy et al (1998) concluded that diversity of panel membership led to

better performance, as it allowed for the consideration of different perspectives and a wider range of alternatives.

In considering the size of the panel Reid (1998) has observed wide variation in the numbers of participants, commenting that guidance would suggest that the number of participants varied according to the scope of the problem and resources available (Delbecq et al 1975; Fink et al 1991; Hasson et al 2000). Powell (2002) advised that it was not necessary for a representative sample for statistical purposes be attained, but rather, panel size should be determined by the qualities of the expert panel, concluding that the success of a Delphi study rested on the combined expertise of the participants who made up the expert panel. With regard to this latter point, regarding composition of the panel, Williams and Webb (1994) observed few studies in which the criteria on which members were chosen were specified. They quoted Goodman's (1987) argument that:

“the question of how an expert is defined and if expert opinion is distinguishable from that of anyone else is largely unresolved.....so how an expert is defined must be somewhat arbitrary”

(Goodman 1987 p.182).

The danger of bias in selection of panel members has been acknowledged by Murphy et al (1998) who proposed that they should not be selected on the basis of acquaintance with the researchers, however, they acknowledged that this might be difficult to avoid in intensely specialist areas. Powell (2002) advised that most Delphi researchers suggested that experts should be chosen for their work in the appropriate area, and credibility with the target audience.

4.6.1. Selecting the expert panel for this study.

It has to be acknowledged that selection of panel members to conduct this multi-organisational evaluation, who had no previous acquaintance with the researcher, was not feasible in the South Wales community. The organisational community engaged in tackling drug misuse was small, and individuals engaged in this work, with few exceptions, tended to be organisational representatives through multi-agency partnership arrangements established to deliver the strategic agenda for tackling drug misuse in Wales (United Kingdom Anti-Drugs Coordinating Unit (UKADCU) 1998; National Assembly for Wales 2000). These individuals were often identified by their parent organisation as ‘their expert’ therefore complying with Powell’s advice that panel members should be credible.

Williams and Webb’s (1994) observations regarding criteria for panel selection were considered to be important for transparency of process in this study. Furthermore, importance was also afforded to adhering to the advice in the literature to ensure heterogeneity of organisational perspectives for combined expertise (Delbecq et al 1975; Jones and Hunter 1995 and Murphy et al 1998), along with the desire for participants, through their organisational role and status, to contribute professional and contextual expertise to the process.

Criteria were developed and a mapping exercise undertaken of organisational partners for tackling drug misuse across South Wales and from this, organisations were assessed against these criteria for a place on the expert panel:

- to have a proven record in planning, managing or delivering services or enforcement activity to drug users
- to be engaged in the local multi-organisational strategic planning processes for tackling drug misuse in Wales
- to demonstrate organisational accountability for decision-making in partnership processes
- to provide panel balance of treatment expertise and policy implementer.

4.7. Data collection.

It has already been asserted that the extent to which a policy can be regarded as being successful depends on a multiplicity of factors. To explore these factors the need for plurality of methodological approach was highlighted in section 4.2 to capture the plurality of the policy process, the complexity and dynamics of implementation in partnership arrangements, the multiplicity of stakeholders' views and achieve depth and breadth of organisational and individual perspectives. As this study aims to identify those factors and processes crucial to successful implementation within a local context, the barriers to successful implementation and how variation in the implementation process might impair the fidelity and integrity of a policy, data collection required a multiplicity of sources. The focus of these data sources had to be coherent with the stated desire to achieve a 'bottom up' analysis.

As has already been confirmed, multi-method evaluations have gained in popularity, particularly so in evaluating complex community-based initiatives. However, consensus

was not yet evident on which methods were suitable for which purposes. Creating diversity in the research design, in a search for ways to meet the challenges posed by pluralistic policy to the theory and craft of evaluation and thereby contribute to the debate, were key drivers, and attaining multiple stakeholder perspectives and multiple data sources, seen as important contributions to achieving a balanced picture. The study encompassed data triangulation as advocated by Denzin (1978) and used a range of data sources:

- analysis of policy documentation
- literature review
- primary data from a needs assessment
- observational visit to European country operating similar programme
- observation visit to one pilot site and telephone interviews with the other two pilot sites
- attendance at a Home Office sponsored DTTOs national conference in November 1999
- expert panel stakeholder interviews
- secondary quantitative data obtained from within the Probation Service
- review of offenders' case-files
- interviews with sample of offenders sentenced to the programme.
- characteristic profiles of a sample of offenders sentenced to the programme
- qualitative data from interviews with front-line policy implementers of varying status and with different policy drivers and priorities.

The original timetable for data collection in this study had to be revised, as in addition to a short delay of three months in the local policy implementation timetable, which was Home Office approved, more significantly, twelve months into the implementation programme it was clear from discussions with managers, during planning for the service to collect offender profiles (Appendix 2) for this study (during 2001), that data collection could not be realised as planned.

The service reported staffing problems and tension at this time of policy implementation, and despite jointly agreeing on the variables for collection on the offender profiles and the timetable, no data were received from the service as planned. It was clear that implementation problems resulted in the service being far from ready to participate in this study in line with the planned timetable.

Furthermore, as DTTOs were introduced at a time of significant organisational change within the Probation Service, agreement for this study to proceed had to be negotiated on three separate occasions due to changes in staff at Assistant Chief Officer level. Overall, significant delay, over a three year period, ensued for the data collection process, which had to be revisited with each new Senior Manager in post, and at one time, the future of this study was in significant doubt. Eventually progress was made and agreement reached for the study to continue.

In addition to those changes at Assistant Chief Officer level, over a period of three years (from national roll-out to the end of 2004) there were also changes in the Project

Manager (Probation) for the DTTOs, with four new managers appointed during this three year period. As a consequence, data collection was problematic, stalled on two occasions, had to be reinstated and eventually made progress during 2003/04. Tenacity and perseverance could be considered two essential qualities for completing this study.

During 2005 a cohort of ten frontline policy implementers was identified and agreement to participate secured. To ensure diversity of views, it was decided to secure representation in this cohort from the Drug Treatment provider and Probation Service at managerial and frontline worker levels and to augment these perspectives by those of a senior social worker from a local Drug and Alcohol Action Team and a magistrate from the DTTO Sentencers' Panel. None of those approached declined to participate. Interviews took place at a variety of locations, some away from the office locations in which interviewees were based, as some staff felt that ensuring anonymity of response was an important consideration for them in agreeing to participate in this study.

The complexity of this policy and the case for the plurality of methodological approaches adopted has already been articulated. Adopting such an approach required plurality of the data sources to achieve both the breadth and depth of evidence. The data sources utilised, and timelines, for this study are outlined below:

- *Analysis of policy documentation - commenced in 1997.*

A range of policy documentation from the criminal justice and drug treatment fields were collated and reviewed. Key documentation was seen to constitute the specifics of the UK policy in this study, but also, other policy documentation,

specific to the Welsh drug treatment policy context and the changed devolved administration arrangements for health and social care in Wales, as these emerged over the duration of the research timetable.

- ***Literature review - commenced in 1998.***

The literature on public policy development, organisational processes and evaluation theory were the main constructs of the literature review, augmented by the evidence base on effectiveness of interventions in the criminal justice and drug treatment field. Significant growth of literature on effective drug treatment interventions were seen during the time of this study, and it was important to restrict the scope of this aspect of the literature review to those main interventions commonly seen within UK drug treatments services at the time of the study.

- ***Non-participant observational visit to a pilot site and telephone interviews with other sites during 1999.***

As Wales had been unsuccessful in securing a pilot site an observational visit to one of the pilot sites and telephone interviews with the remaining two sites were organised; the purpose being to collate background information on key elements and differences in implementation. These were arranged during 1999, the three day observational visit took place at the Gloucestershire site, on the basis that the Home Office considered this site to be representative of the Welsh context, and telephone discussions held with the team managers from the two other pilot sites.

- ***Non-participant observational visit to European country operating a similar programme during 1999.***

The Netherlands were frequently referred to as having liberalised views on drug policy and following some initial enquiries were willing to accommodate a three day study tour of Amsterdam and Haarlem. The purpose of the visit was to meet with the Bureau International Affairs Drugs to discuss with a Dutch government policy adviser how the Dutch government were advancing alternative sentences for drug addicts and to visit a Dutch criminal justice agency manager operating a similar scheme to that proposed for the UK.

- *Attendance at Home Office sponsored DTTOs national conference in November 1999.*

The policy context was the backdrop to introducing the interim outcomes from the first phase of the evaluation (Turnbull 1999) and sought to explore a number of themes:

breach and court issues

joint commissioning

drug testing and

partnership in practice

- *Interrogation of probation held data on prevalence of drug misuse within offender population in South Wales during 2000.*

The objective of this element of the data collection process was to determine what the Probation Service knew about the extent of illegal drug misuse in their offender population in South Wales in preparation for the implementation of the DTTOs. The framework for ascertaining the numbers, involved interrogating the

Probation Service database system in each in the former Probation Service areas of Mid, West and South Glamorgan to elicit data on the following:

- the numbers and % of types of offences
 - the numbers and % of those offences with a recorded drug problem
 - the numbers and % of types of sentence
 - the number and % of types of sentence with a recorded drug problem.
- *Expert stakeholder panel face-to-face interviews to develop evaluation criteria in 2000.*

Interviews with the expert stakeholder panel formed the basis from which all further qualitative data collection was focused. The expert stakeholder panel interviews were tape recorded, transcribed and content analysed and responses clustered into themes and categorized according to criteria advocated by Palfrey et al (2004 p75-76), from which, the evaluation criteria for this study were developed.

- *Ten interviews with DTTOs frontline staff conducted in 2004/05.*

A cohort of front-line service policy implementers were identified and participated in individual semi-structured face-to face interviews. These interview schedules were framed to accord with the expert panel stakeholder derived evaluation criteria and were tailored to capture the specifics of their role(s) within the process of administering DTTOs.

- *A set of thirty randomly selected case-files reviewed in March 2003 (twelve months after local implementation in one DTTO office in South Wales) reviewed for assessment documentation.*

The review of the case-files was undertaken to ascertain the robustness of the documentation on assessment, drug treatment progress and sentence planning as a source for reporting to the Court Review process on offenders' progress; an integral part of the DTTO.

- *Secondary quantitative data obtained from within the service 1st April 2003 - 31st March 2004.*

Activity data across a number of variables were extracted from the South Wales Probation Service database (CRAMS) during this period.

- *Forty characteristic profiles of offenders sentenced to DTTOs across South Wales during 2004/05.*

The forty offenders selected to participate in this study also completed characteristic profile questionnaires, designed to capture personal, social, education, offending, drug history and health treatment related data. It had originally been intended that these profiles would be completed at offender entry onto DTTOs, however, due to the problems in staffing for this initiative referred to above, this was reviewed and a decision taken to survey the interview cohort only.

- *Forty offenders sentenced to DTTOs across South Wales interviewed; ten in each local office – focus groups and face-to-face interviews during 2004/05.*

Adopting a random selection process for the offender cohort of interviewees was rejected on health and safety grounds, as interviews were conducted in the absence of a chaperone. Instead, a meeting was organised with the Probation Team Leader, in each of the local offices, to select the cohort of offenders. The

rationale being that it was important to ensure that offenders did not represent a risk to the researcher and were of sufficient stability, in terms of their drug misuse, to be able to participate in the interview process. However a balance in this cohort of interviewees was also needed to ensure capture of offenders' perspectives in the earlier stages of their sentence. Consideration was also given to incentivising offenders' participation in this study, as coercion has been recognised, and adopted, as a motivating force in the literature (Anglin & Hser, 1990; Chatterson et al, 1995; Bean, 1996; Department of Health, 1996; Hough, 1996; Turnbull 1998; Jones, 1997) and in practice, as exemplified by DTTOs. However, as a requirement of the DTTO was attendance for treatment and supervision for a defined number of hours per week, it was agreed that time spent with the researcher, being interviewed, would count as DTTO contact hours and efforts were made to undertake the interviews at times when offenders would be timetabled to attend for aspects of their programmes.

A long-list of potential interviewees, twenty for each local office area, was selected in consultation with Probation Team Leaders. Consideration of duration of sentence was a factor in determining the initial cohort, and approaches were made by key-workers to seek agreement from offenders to participate and subsequently formal written consent was obtained (Appendix 3) from all offenders prior to interview. The potential for dropout, through withdrawn consent, breach and subsequent imprisonment, absconding or hospitalisation, was a key consideration in determining the offender cohort size. The interview

schedule was framed to accord with the expert panel stakeholder derived evaluation criteria. Interviews progressed in each local area until ten offender responses (forty in total) were secured.

Obtaining a representative sample was problematic, as initially the sample list was constructed to obtain equal representation of the sexes, duration in sentence, and low level risk. However, a number of factors constrained this approach, as some offenders gave consent and subsequently did not attend when planned, while others, as indicated above, were withdrawn from the programme or others still had their risk ratings increased and were therefore unsuitable to be interviewed for this study.

Chapter Five.

Evidence and the DTTO policy process.

Crime has been acknowledged as a complex social problem with no easy solution, and law and order seen to remain high on the political agenda. Tarling and Dowds (1997) commented that the majority of the public supported a 'get tough' approach to crime, a sentiment evident in the way in which Tony Blair set about developing Labour policy proposals in the run up to the general election of 1997, and in the Government's approach in subsequent years.

The DTTO policy introduced a 'marriage' of health treatment within a community setting, under the supervision of the Courts. In setting out to identify the success factors and constraints imposed on successful implementation of this centrally-driven policy initiative in South Wales, this Chapter will consider how 'evidence' has influenced the development of health and criminal justice interventions, as relevant to the context of the introduction of these Orders.

In considering what constitutes 'evidence', it is important to acknowledge that it describes a dynamic process, a changing body of knowledge and, critically, that although there may be an absence of evidence on effectiveness, that is not to say that the intervention is not effective, rather, that the evidence does not yet exist.

The presence of uncertainty about what works in health and criminal justice interventions has been more openly acknowledged over recent times, and a move towards evidence based practice articulated. However, these services have to be delivered within a resource framework; as a consequence, both managers and policymakers have an interest in the body of evidence about effectiveness.

5.1. Evidence based policy development in health and criminal justice organisations

Davies and Nutley (2004) in a debate on health service effectiveness research, have observed that some therapeutic interventions can fail, while some unproven ones can sometimes demonstrate benefits for individuals. They argued that in assessing effectiveness there was a need to separate out the benefits of treatment from the benefits of spontaneous improvement, as making causal linkages between intervention and outcome cannot be warranted, unless the groups being compared were identical, apart from the nature of the intervention delivered. They have provided a useful discussion on the methodological approaches to achieving this rigour, but have questioned, along with others (Pollock, 1989; Dundee and McMillan, 1992), the applicability of this in therapeutic settings where differences in practitioners' approaches, skills and ability to learn were apparent. Such arguments were seen to be supported by the concept of 'street-level bureaucracy' (Lipsky 1980), and the debate on discretion and autonomy in the nature of many practitioners' work (Preston-Shoot 2001), identified earlier in Chapter Three.

Davies and Nutley (2004) continued to argue that, even where an intervention had been

shown to be effective, this had to be tested in everyday situations. They concluded by commenting that it was insufficient to consider an intervention as effective, as effectiveness was contingent upon context dependent factors, and added:

“assessing the value of evidence and making decisions on implementation requires a thorough consideration of local circumstances”

(Davies and Nutley 2004 p.50).

Baldwin’s (1998, 2000) argument that practitioner discretion was an issue which could undermine official policy, could be seen to equally apply to this issue of effectiveness, and seen to accord with Davies and Nutley’s (2004) conclusion above.

There have been further calls for evidence to be generated and applied in management practice (Hewison 1997), and in policy development (Ham et al 1995). In addition, the reforms of the National Health Service (NHS) during the late 1990s strengthened the responsibility of health service managers to assure the quality of care of services, through the introduction of clinical governance.

In considering the criminal justice system, Nutley and Davies (2004) observed the changing ethos of the criminal justice system and that the practice of the UK Probation Service had developed over time. This changing ethos can be summarised as follows:

- idealism and reformism - with a focus on the saving of souls (1870s – 1930s)
- medical model - with a focus on diagnosis and treatment of offenders (1930s – 1970s)
- welfare model - with its focus on rehabilitation into the community (1970s - 1980s)

- justice model - with its emphasis on reparation, restriction of liberty and confronting offending behaviour (late 1980s onwards)

(Nutley and Davies 2004 p.95).

Much interest is seen to remain in trying to understand the causal linkages for criminal behaviours. Back in the 1970s Palmer (1975) called for evaluations not only to focus on what works for offenders as a whole, but rather:

“which methods work for which type of offenders and under what conditions or in what types of settings?”

(Palmer 1975 p.150).

Many commentators acknowledged that a few offenders with extensive criminal careers accounted for a disproportionate amount of crime. As Nutley and Davies (2004) observed, it is with this group of offenders that the criminal justice system had most concern. They argued for policy makers to address:

“whether *any* form of response to convicted offenders can impact on reoffending rates” (original in italics)

(Nutley and Davies 2004 p150).

Furthermore, they posed the questions:

- which measures for which offenders?
- how to ensure right measures are used in practice?
- how to generate an expanding body of valid knowledge on which to base policy and practice?

(Nutley and Davies 2004 p94).

The challenges in securing rigour within health research have also been reported for criminal justice research. McIvor (1995) had judged that true experimental designs were

inadvisable and could not readily be applied to the probation service for both practical and ethical reasons. Recent commentators echo the call of Palmer (1975) and the views of McIvor (1995) arguing that what was required was an understanding of what the programme contributed to changing offending behaviour, and why not every situation was conducive to that process (Pawson and Tilley 1997). They went on to argue:

“it is not programmes which work, as such, but people co-operating and choosing to make them work.”

(Pawson and Tilley 1997 p 36).

The literature was also seen to suggest that 100% co-operation was needed among partners for successful policy implementation (Pressman and Wildavsky 1973). Although this suggests an ideal state, the policy environment was one in which a growing expectation of central government to achieve managerial control in policy implementation, was emerging. However, organisations are not homogenous and their goals are implemented by individuals, and groups, with the reality of inter/intra-organisational micro-politics in the policy-action relationship.

In recognition of the problems of identifying and measuring effectiveness, Roberts (1995) suggested that process compliance and intermediate outcomes needed to be identified and measured. In 1998 Her Majesty's Inspector of Probation (HMIP) published a report which contained suggested criteria:

- reduced reoffending, that is reconviction rates
- programme completion
- achieving rehabilitative purpose, including attitudinal change, behaviour and social circumstances

- fulfilling public accountability

(HMIP 1998 p7).

Pre 1997, when the Labour Party were preparing proposals to tackle crime and drug misuse, research findings concluded that there were some things that worked in reducing the *likelihood* (my emphasis) of reoffending. A tentative list of key principles has been presented by Nutley and Davies (2004), as adapted from McGuire and Priestley (1995):

- target high risk offenders
- focus on offence behaviour or criminogenic behaviour and attitudes
- community-based approach
- emphasis on cognitive and behavioural methods
- structured approach and clear objectives
- directive approach and style
- ensure completed work fulfils declared aims and objectives

(Nutley and Davies 2004 p. 96).

A number of barriers to evidence based policy and practice have been discussed by Pawson and Tilley (1997) who argued that as complexities and conflicts existed within organisations, these made it all the more essential to know not only *what* works but also *why* and in *what* circumstances (*context*) it works or not, as the case may be. Barriers have been identified as falling into four main areas:

- politics/ideology
- lack of research-orientated practitioner culture

- individualism of practitioners
- scepticism among policy makers and practitioners

(Nutley and Davies 2004 p105).

They had earlier argued that evidence based policy was more likely to be the exception than the rule and identified seven potential reasons why this was so:

- *bureaucratic logic*: the logic that said things were right because they had always been done that way
- *the bottom line*: the logic of the business environment and the throughput measurement that went with it
- *consensus*: which involved extensive consultation to find out what mattered, followed by an inclusive task force drawn from all interested parties to determine the limits of a solution to satisfy everyone - defined as 'that which will work'
- *politics*: the art of the possible rather than the what was rationale or what might work best
- *civil service culture*: in particular a strong distrust of information generated outside the system
- *cynicism*: an attitude of mind that allowed us to go along with the 'company view' or 'conventional wisdom' even though we knew it to be false
- *time*: no wonder there was so little room for evidence-based policy, there was scarcely room even to think

(Nutley and Davies 2000 p.36).

The Conservative governments of later years and the Labour Government since 1997

have sought to portray themselves as the champions for law and order. However, Nutley and Davies (2004) observed that policy making at the Home Office had not always been guided by the evidence on what works. They themselves evidenced this observation by reference to Michael Howard (MP) the then Home Secretary's statement that:

“prisons worked”

(Nutley and Davies 2004 p.105).

was, in itself, based on poor evidence. They argued that much criminal justice policy has been formulated more so on political and ideological viewpoints, than on evidence.

In a report of HMIP (1998) a lack of clarity on the theoretical basis of the programmes that were in use in tackling offending behaviour was noted, and the report argued for clearer theoretical models of interventions. Evidence-based approaches to practice were seen to be lacking; namely, limited research on adult offenders and limited dissemination of research findings and extent to which the programme impacts could vary depending on different legislative and agency contexts (Nutley and Davies 2004). They further contributed to the debate by arguing that it was difficult to distinguish if negative outcomes were a result of implementation weaknesses, or programme theory failure. Some of these implementation problems they saw not only arose because of the individualism of practitioners, but also as a consequence of the diversity of the departments that constitute the criminal justice system, and the sometimes conflicting objectives of those departments. The Home Office initiative, “*What Works*” (HMIP 1998) was one response to these weaknesses and sought to develop an environment in which practice guidelines provided an approach towards standardisation of evidence based practice similar, to that seen in health with its clinical guidelines culture.

To guide organisations attempting to implement evidence-influenced practice an approach has been suggested that combined:

- insights from systems thinking (in terms of setting the contexts within which evidence is to be used)
- understanding of individual decision-making and behaviour change (which acknowledges the importance of craft routines and tacit knowledge by professionals)
- awareness that the nature of the innovation being promulgated will influence its diffusion (and in particular, the ‘fit’ between the innovation, the context and those who are potential adopters)
- ownership of evidence through partnerships in the evidence generation process

(Nutley and Davies 2000 pp.342-3).

They concluded:

“there is much to be gained from viewing evidence-influenced practice as a partnership activity”

(Nutley and Davies 2004 p.342).

5.2. The policy and legislative context.

DTTOs were introduced under Sections 61 to 64 of The Crime & Disorder Act 1998 as a response to growing evidence of the links between problem drug misuse and crime. The roots of these Orders lay largely in the experiences of the United States of America Drug Courts.

It has been identified that the Labour Party’s proposals for tackling crime and drug

misuse were articulated by Straw (1996), within which, it was acknowledged, that the official estimated number of drug addicts was likely to be an under-representation. The proposals aimed to attack, what they saw, as the wasteful and inefficient system of holding remand prisoners longer than the statutory time limits: the intention being to release these resources to pilot a new DTTO in a small number of probation areas, with the eventual aim of rolling them out as a national programme. The proposals viewed the process of arrest, trial and sentencing as offering a unique opportunity to intervene to break the vicious circle and offer drug treatment to a group of hard-core drug users who, if left untreated, would continue to impose huge costs on both themselves and communities. The proposals also argued that drug users had a responsibility to demonstrate that they were committed to their treatment programme and called for them to prove that they were making progress in the programme. However, the proposals fell short of recommending compulsory Court ordered treatment for drug offenders, as offenders had to consent to being sentenced to a DTTO.

The report went on to identify a number of intervention models from arrest referral schemes run by police authorities in conjunction with drug service providers, to prison based drug treatment programmes aiming for drug free prisons where every prison had a segregated voluntary testing unit for prisoners who were determined to show that they were staying drug free.

A number of key principles were identified which guided The Labour Party's policy in this area:

- drug treatment worked; early results from the National Treatment Outcome Research Study (Gossop et al 1998) indicated that crime rates dropped considerably for those entering treatment
- drug treatment was highly cost-effective; American research has suggested that for every \$1 spent on treatment \$7 was saved on criminal justice and other social costs (Hough, 1996)
- those made to enter treatment did as well as those who enter voluntarily; Hough (1996) and the Advisory Council on Misuse of Drugs (ACMD), (1996) acknowledged that a degree of coercion could be valuable
- to be effective offenders should be kept in treatment as long as possible; research by the ACMD (1996) recommended that resources should be targeted at those treatment programmes able to retain clients in contact with services for more than three months.

The policy proposals also indicated that since the majority of offenders convicted of a drug related crime received custodial sentences, effective community based interventions were essential in order to break the drug-crime link. The 1991 Criminal Justice Act (implemented in 1993), allowed Courts to specify drug or alcohol misuse treatment as part of a probation or combination order. However, judges and magistrates had been reluctant to use this power and a number of problems were experienced by probation officers in identifying drug dependent clients, providing on-going monitoring of clients' drug use and ensuring effective interventions (HMIP 1997; HMIP 1998).

The Labour Party planned a much more rigorous approach to drug related offenders based around this new treatment order, which drew on the lessons learnt from American programmes; the most notable being the influential drug court model originating in Dade County which had spread in jurisdiction throughout America. The policy proposals (Straw 1996) highlighted that, in preparing the proposals, American data had been examined and had suggested that the reduction in the rate of offending achieved while offenders were in treatment, meant that programmes quickly paid for themselves in terms of reduced criminal justice costs. It went on to state that the proposals were based upon an evaluation of the Oakland Drug Court in California, which found that there was a 45% drop in the amount of time offenders on the programme spent in jail, yielding savings over \$2 million. It went on to outline the average cost of a prosecution for an indictable offence in England and Wales (£2,500-£5,000 in 1993/94) and projected that the potential pay off was considerable, as the cost of testing and community based treatment was far less than those of a prison sentence.

The policy proposed to establish local pilot studies to provide the basis for assessing the effectiveness of the Orders for national roll-out. The costs of these pilots were anticipated to be in the region of £1 million. The Government anticipated that other funds would be released through minimising the number of remand prisoners.

Hough's (1996) review of the literature concluded that illegal drug use was widespread and that a small minority of drug misusers developed dependency problems and financed some part of their drug misuse through acquisitive crime. Government

initiatives since 1997, when the Labour Government came into power, have shown a trend towards tackling youth crime, unemployment and substance misuse.

A HMIP (1997) on the work of the Probation Service with Drug Misusers found that relatively little use has been made of the previous arrangements for Courts to impose treatment as part of a sentence (1A (6) orders). The main reasons found for this were:

- little or no guidance from the Home Office and probation service to sentencers on the use of this disposal
- probation officers and treatment providers reluctant to use the model of coerced treatment
- sentencers unaware of the type and availability of treatment services and
- no arrangements made to meet the costs of treatment.

Following the general election in 1997, the Labour Government set out arrangements to enact their proposals for DTTOs and overcome these problems. The original English drugs strategy, "Tackling Drugs Together" (Lord President 1994 Cm 2678) was reviewed and the new Labour Government appointed the first UK Anti-Drugs Co-ordinator (with direct links to the Prime Minister) to lead strategic development. A new drugs strategy was launched in April 1998, "Tackling Drugs To Build A Better Britain. The Governments Ten-year Strategy for Tackling Drug Misuse" (United Kingdom Anti-Drugs Coordinating Unit {UKADCU} 1998 Cm 3945).

Bennett (1998) has pointed to a much greater consumption of drugs by arrestees than by

the general population and found that most acquisitive crimes were likely to be committed by opiate and cocaine users. Use of multiple drugs (polydrug misuse) was also evident and nearly half of the arrestees commented their drug misuse and offending were connected. During that same year estimates indicated that there were between 85,000 and 215,000 problem drug misusers in the UK who could benefit from treatment (Edmunds *et al*, 1998). The social and economic costs of drug misuse were significant and data (Edmunds *et al* 1998) suggested that:

- £100m cost to specialist substance misuse health and social services
- £600 million unemployment and sickness benefit payments
- a minimum of £2.5 billion to victims of drug related crime, with the figure more likely to be in the region of £3-£4 billion
- between £0.5 and £1 billion to the criminal justice system and
- generic health care costs were unknown but exceeded the £100 million reported by Hansard in 1998, especially when taking into account the costs of treatment for infection with blood borne viruses.

5.2.1. Outline of the proposal for DTTOs.

Under section 151 of the Criminal Justice and Public Order Act 1994, which came into effect from January 1995, prison officers were given the power to require prisoners to undergo random, mandatory drug testing. Drug testing on a voluntary basis had previously been available in connection with drug-free programmes in certain prisons, one of which was Her Majesty's Prison Downview.

As indicated above, The Labour Party proposals included piloting the Orders in a small number of probation areas. The new DTTO, aimed to break the link between an offender's drug use and their criminal behaviour. While offenders had to consent to being sentenced to a DTTO, the mandatory status of the Order meant that it was Court enforceable and, if breached, offenders could be sent to prison.

This new order was initially to be targeted at repeat offenders, committing those types of crime commonly associated with dependent drug use and who were under the supervision of the probation service on a community sentence. The DTTO was initially envisaged to apply to categories of offenders who were found, during the Pre-Sentence Report stage, to have been using a Category A drug (heroin or cocaine) and for whom a community sentence was under consideration. Categories of offences specified were:

- drug dealing
- burglary
- theft
- drugs possession.

The proposals contained a number of key stages:

- pre-Sentence Report drug tests;
introducing a new regime of drug testing all convicted drug and property offenders undergoing a Pre-sentence Report.
- a treatment and testing order;
in addition to a probation order when a positive drug test was present this order

could be issued by the Court.

The DTTO could vary in duration from six months to three years and to make such an Order the Court had to be satisfied that:

- the offender was aged sixteen or over, dependent on, or had a propensity to, misuse drugs; and
- the dependency or propensity was such as required, and may be susceptible to treatment

and would have three stages.

Stage one: Addiction severity assessment.

This required the offender to undergo a 4 week assessment period at the beginning of their sentence; to undertake at least twice weekly random drug testing and to be subject to in-depth screening of their drug use and address their offending behaviour. Should testing indicate that their drug use had ceased, then the DTTO could be withdrawn and they could serve out the remainder of their sentence on a probation order.

Stage two: Mandatory treatment and testing.

Clients continuing to use heroin or cocaine would be sentenced to this regime to run concurrently with regular probation supervision. They would be required to sign a contract setting out the requirements of the DTTO and the penalties for non-compliance. The length of time an offender stayed on a DTTO was seen as being dependent on their compliance with the order.

Stage three: Court review.

It was proposed that offenders would be returned to Court for a review session

with the judge or magistrate responsible for issuing the initial sentence. For those remaining drug free they would be offered the option of ending the testing and treatment condition and return to the probation order. While those who continued to use drugs would be given a further 4 month order, a process which could be repeated at 4 monthly cycles up to the end of the community sentence. The offender was required to attend each review hearing. However if the Court was satisfied the offender was making satisfactory progress, reviews could take place without a hearing.

The Probation Service was responsible for providing a Pre-Sentence Report to the Court. This gave sentencers information about the offender, their attitude towards the offence and could indicate if a community penalty, in the form of a DTTO, was a sentencing option. However, a survey conducted by Nee and Sibbitt (1993) identified as problematic how the level of a probation officers' skills, in identifying and assessing offenders with drug problems, were determined. This challenged the quality of the assessment process in advising the Court.

The main factors taken into consideration in the assessment of whether an offender was suitable for the Order were:

- dependence on drugs
- seriousness of the offence(s)
- offender's motivation for treatment and
- volume of offending.

Drug treatment could be residential or community based, but had to be under the direction of a specified person with the necessary qualifications or experience. In treatment for drug users, delivered as part of a community penalty, this was linked to probation supervision. Probation could be distinguished from other penalties in that its primary function was rehabilitative. However, as Hough (1996) pointed out, treatment under probation order was underpinned by the possibility of legal coercion and this distinguished it from most other forms of drug treatment.

A Court was not able to make a DTTO unless it was satisfied that arrangements had been, or could be made, for the drug treatment specified in the Order. The drug testing requirement of the DTTO was to specify, for each month, the minimum numbers of occasions on which samples were to be provided, and the results of testing communicated to the supervising probation officer.

In June 2000, Probation Services in England and Wales were advised of the national rollout of DTTOs (Home Office Criminal Policy Group Circular 2000a 43/00 {Rev}). Probation services were asked to begin planning for the scheme to commence on 1 October 2000 and to ensure that they commissioned services in consultation with their local Drug (and Alcohol) Action Team for Wales (National Assembly for Wales 2000a); a multi-agency team established in line with the national strategies for tackling substance misuse. Home Office guidance was issued (Home Office Criminal Policy Group Circular 2000a 43/00 {Rev}) on which drug using offenders the Order should target. This guidance specified:

- the main aim of DTTOs was to reduce re-offending; and
- those committing high levels of acquisitive crime to support their habit would form the core target group.

The implementation of these proposals were anticipated to have major implications for the Probation Service, substance misuse services and have major effects on the criminal justice system. In some parts of the UK, which had operated the forerunner schemes, upon which these new proposals were based, concerns were expressed that substance misusers legally coerced into treatment would displace “voluntary” clients onto longer waiting lists, and that communities, and individuals, would perceive that to access drug treatment swiftly, committing an offence was the route into drug services.

5.3. Crime and the links with drug misuse.

Studies on the links between drugs and crime, leading up to the development of the policy on DTTOs, generally fell into two categories: those that looked at groups of drug misusers and examined their involvement in crime; or that looked at groups of offenders and their involvement in drugs. Assembling a representative sample of people willing to talk openly and honestly about two illegal activities, i.e. drug misuse and criminal activity, is extremely difficult.

Research carried out on known offenders’ drug misuse provided a perspective on the links between drugs and crime. Nee and Sibbitt’s (1993) survey of probation areas in 1991-1992 reported that use of cannabis, ecstasy and LSD was viewed as widespread amongst offenders. The survey also generated rough estimates of the proportion of

offenders under supervision who received treatment for drug problems. These estimates varied widely by area, but most findings were in single figures. A number of other small scale studies have been identified which highlight that the majority of respondents were unemployed and in receipt of social security benefit (Jarvis and Parker 1989; Stimson et al 1993, and Power et al 1993).

In Jarvis and Parker's (1989) study more than two-thirds of dependent heroin users reported that one of the ways they supported their drug habit was by acquisitive crime. However, in the sample for the study conducted by Power et al (1993), just under a quarter of polydrug misusers reported they conducted property crime. A larger minority in Stimson et al's (1993) sample, who used cocaine, reported property theft and a quarter of amphetamine users, in the study by Klee and Morris' (1994), claimed they funded their drug use from wages, compared with 11% of heroin users.

The variations in these findings will have been influenced by differences in the way the samples were located, in the extent of problem drug use and in the costs of drugs.

In 1990, Chaiken and Chaiken summarised the American literature as indicating that a progression to dependence, and then to property crime, could occur for some users, but that for others, a history of acquisitive crime may predate drug misuse. Their review found strong evidence that offenders, who were heroin dependent polydrug users, tended to be highly persistent offenders and that their rate of offending fell when they stopped using heroin. In Scotland, Hammersley et al (1989) reported findings that were broadly

consistent with the American research.

The UK made progress in discovering how problem drug misusers financed their drug use, with most of the research targeted at dependent heroin or polydrug users.

A small-scale research study, conducted by The National Association of Probation Officers (1994), asked probation officers to assess what proportion of their caseload experienced problems associated with alcohol and drugs. A quarter of offenders were thought to misuse drugs regularly. Of these, probation officers judged that almost three-quarters had committed their most recent offence to buy alcohol or drugs. A Home Office study, conducted in North West England, found that dependent heroin users, many of them unemployed, or on very low incomes, spent on average £10,000 a year on drugs (Parker and Bottomley 1996).

Hough's (1996) statement, that a significant proportion of crime was drug-related, could be viewed as highly influential as an evidence base in the policy formulation process for the Labour Party in the run up to the general election of 1997. However he went on to comment that for most casual drug use, there was no evidence that anything but a very small proportion of such misuse was financed by acquisitive crime. He also argued that while some drug users may be involved in property crime, and a proportion of the income they derived from such activity spent on drugs, this did **not** amount to a causal link as offenders often used proceeds to buy food, clothes, housing, alcohol and tobacco. He went on to distinguish between "drug-related" and "drug-driven" - the former

referring to a motivation to burgle, driven by a desire to have a good time, and the latter, to the action to burgle specifically to buy a preferred drug. The extent to which the Labour Party focused on the former statement, rather than the detail of the analyses is hard to determine but it could argued to have provided a useful headline ‘sound bite’ to support their much vaunted approach to be ‘tough on crime and the cause of crime’.

Research on the causal connection between drug misuse and crime continued to remain contentious, with many studies demonstrating that many people who misused drugs and committed crimes, committed crimes before they used drugs (Pudney 2002). More recently evidence has started to explore these linkages with 78% of arrestees using heroin, cocaine and crack cocaine stating that there was a connection between their drug misuse and criminal activity (Holloway and Bennett 2004). However, the cohorts of interviewees in this research were arrestees, and given the highly addictive nature of these substances, a high level of association would be expected. What was not clear was if this level of reporting was replicated in cohorts of drug misusers not in contact with the criminal justice agencies.

In examining these links, one also needs to take into account the social meaning and context of drug use. A common theme within the literature identified the uneven distribution of problem drug use, which, while not bounded by social class, tended to be concentrated in poorer urban areas. Hough (1996) explored this concept of social distribution of problem drug use further. He observed that illegal drug use was deeply embedded within a cultural context, and that a number of motivations were evident to

explain casual use of illegal drugs; sheer excitement, intoxication, curiosity, the attractions of risk-taking and the status that can be conferred, especially within a youth culture, in which drugs, music and clothes were closely affiliated. However, problem drug misuse stands apart from these in that it creates problems either for the individual, the family, or the community. However, it is not true to say that all drug misuse is problematic. Experimental drug misuse does not necessarily escalate to dependency, and amongst dependent users, there is not necessarily progressive escalation of use and dependence (Hough 1996). Reports of cocaine and heroin users demonstrating more rational choice over their use than the media portray, can be seen in a number of ethnographic studies (Bennett and Wright, 1986; Power et al, 1993; Ditton and Hammersley, 1994).

Dependence can be explained in a number of ways. A review conducted by Anglin and Hser (1990) identified three possible models implying different approaches to treatment or prevention:

- the moral model - considered that dependence was the result of moral weakness and moral education and punishment offered solutions
- the disease model - considered physiological dependence as the crux with an emphasis on medical treatment
- the behavioural model – viewed addiction as a pattern of learned behaviours susceptible to modification by cognitive or behavioural change.

These different models and explanations are neither mutually exclusive, nor incompatible; what is important is that they may be more, or less, appropriate at

different stages of an individual's drug-using career.

Drug users generally came to the attention of criminal justice system in three ways:

- by committing offences under the misuse of drugs legislation
- because their drug use either caused or contributed to other criminal behaviour, such as acquisitive crime; and
- by committing offences unrelated to drug use.

However, it was extremely difficult to obtain a reliable estimate of the proportion of crime that was committed specifically to finance drug use or was drug related. As Mayhew et al (1989, 1993) stated, statistics on the number of recorded crimes were not straightforward; statistics on the losses incurred through crime were imprecise; the number of offenders involved in acquisitive crime or drug misuse hard to assess, as was their rate of offending. They concluded that tentative assumptions had been made in an attempt to attribute crime to drug misuse.

Two approaches to attribute crime to drug misuse could be seen within the literature:

- estimating the number of crimes which can be attributed to drug misuse;
- estimating the cost of crime which can be attributed to drug misuse.

The ACMD (1991) reported on the first approach and estimated the proportion of various types of acquisitive crime that could be attributed to dependent heroin users in England and Wales. This work suggested that between 6% and 24% of burglaries involving loss were committed by dependent heroin users; between 6% and 22% of thefts from the person and between 0.6% and 8% of shoplifting. The report detailed the

process by which the estimates were reached, and it is important to point out, that the various calculations and assumptions underpinning these figures were tentative.

The cost to the public purse of dealing with drug related offending was a much vaunted justification for developing more robust policy in this area. Maden et al (1991) estimated that given that 11% of sentenced male prisoners in the United Kingdom were known to be dependent on drugs at the time they were imprisoned, the cost to the prison service for this group was in excess of £160 million. In addition, when one considered the costs to police, probation services, the Court system and the criminal justice costs of dealing with drug dependent offenders, it was likely to be in excess of £1billion.

“Tackling Drugs Together” (Lord President, 1994 Cm 2678) estimated the proportion of the costs of crime accounted for by dependent heroin use. This estimate, predicated on a formula devised by the Greater Manchester Police, was that half of the £4 billion cost of all thefts recorded by the police were attributable to drugs. A number of assumptions were made in determining this estimate - it was based upon the number of addicts reported to the Home Office Addicts Index in 1992; assumptions about the amount of heroin use per day, at a specific street price; assumptions about the money yielded through property crime, and the market value of stolen goods. Some of these assumptions must be treated with extreme caution, as some were underestimates, while others were overestimates.

Gerstein et al (1994) concluded that the potential savings from a successful intervention

were enormous, both in human and financial terms considering the evidence that treatment could pay for itself sevenfold.

What can be seen through the debate so far, is that significant drivers were in place, both in the run-up to the general election of 1997, and particularly so for a Labour government elected on a mandate to be tough on crime and its causes.

In 1998, the Department of Health published interim results from the National Treatment Outcome Research Study (NTORS) (Gossop et al 1998) which indicated that 664 of these clients (60% of the sample) had committed 700,000 separate crimes in the three months before they were admitted for treatment. The estimated cost of these offences to the criminal justice system was £4 million.

It can be seen that, at this time, no firm conclusions could be drawn on the volume and cost of drug-related crime. All that could be said with any certainty was that problem drug misuse was responsible for a significant minority of crime in England and Wales (Hough 1996).

5.4. Harms associated with drug misuse.

It has already been shown that harm originating from drug misuse affects individuals, their families and communities as a whole. Broadly these harms can be categorized into:

- physical and psychological, and
- social functioning and life context.

Some of the physical and psychological harms commonly seen within drug treatment services, have been identified within the literature and anecdotally as:

- the possibility that misuse could lead to drug dependence
- a higher risk of premature death - the rate of premature death in opioid drug misusers was fifteen times higher than for people not misusing drugs (The Task Force to Review Services for Drug Misusers DoH 1996)
- adulteration of drug of use with other harmful substances
- acquisition of blood borne viruses through sharing of injecting equipment and unsafe sexual practices (Klee 1995)
- other health problems including overdose, respiratory failure, psychotic and depressive symptoms, deep vein thrombosis and serious infections
- psychological and psychiatric problems associated with drug misuse. Gossop et al (1998) reported that the NTORS cohort, on entry to treatment, reported moderate or severe distress related to a wide range of problems and more than 10% had harbored thoughts of suicide
- the possibility of obstetric complications among pregnant drug misusers.

A high morbidity rate was confirmed in The National Treatment Outcomes Study (NTORS) (Gossop et al 1998), where 54% of the cohort had used Accident and Emergency departments in the two years before starting treatment and 28% of people in the study gave 'physical health' as a reason for contacting these services. The broader impacts of drug misuse on social functioning and life context as reported in the literature can be summarized as follows:

- relationship problems for families of misusers
- problems in securing and maintaining employment - more than three quarters of the NTORS cohort had been “mostly unemployed” in the years before treatment
- the social and economic costs to individuals, families, victims and society as a whole from criminal activity - the NTORS cohort had committed over 70,000 separate crimes in the three months before entry to treatment
- both men and women engaged in criminal activity, with men more likely to sell drugs, commit burglary, robbery and theft, while women were more likely to shoplift and engage in soliciting and fraud
- the costs and impact on families and the taxpayer through imprisonment

(Gossop et al 1998).

Although drug misuse starts as a matter of individual choice, it is recognised in Good Medical Practice Guidance (General Medical Council 1995) that drug misusers were entitled to have their needs and rights taken as seriously as any other group, and should be able to seek and receive help in the same way as other people whose lifestyle choices may play a part in their illness (for example, to smoke tobacco or to pursue dangerous sports).

Actively seeking, or agreeing to, treatment from whatever source, follows a process of decision-making on behalf of the help-seeker, implying a degree of motivation to change. The UK Task Force to Review Services for Drug Misusers (DoH 1996) surveyed drug service users' views and identified the most commonly cited problems

which led misusers to seek help as:

- psychological dependence (61%)
- general physical health (34%)
- financial (29%)
- relationships with family and friends (29%).

Other reasons for entering treatment also included encouragement from outreach drug workers, the expectation of access to prescribed drugs, compulsion or coercion through the criminal justice system. This latter reason has been acknowledged by The Advisory Council on the Misuse of Drugs (1991), further observing that all those who entered treatment were under some type of pressure; be it from family, partner, or employer.

Indeed, many of the situations within which offenders apparently voluntarily sought or received treatment, may not essentially be so, as a body of international evidence has been identified suggesting that coerced treatment could be as effective as ‘voluntary’ treatment and might be more successful in keeping people in treatment for longer periods (Anglin & Hser, 1990; Chatterton *et al*, 1995; Bean, 1996; Department of Health, 1996; Hough, 1996; Turnbull *et al*, 1996; Jones, 1997).

5.5. Local approaches to reducing demand.

In attempting to reduce demand for illegal drugs, Wilson (1990) argued that this could be achieved in one of two ways: by altering the subjective state of potential drug users through prevention and treatment programmes, or by altering the objective conditions by

increasing the costs of drugs.

Traditionally, enforcement work and agencies have viewed the treatment route to demand reduction as a secondary benefit. Over recent years however, there has been a trend away from this traditional approach, particularly among the police, with strategies being developed to facilitate drug users gaining access to treatment services through contact with the various agencies that constitute the criminal justice system (Webb 1998). Police forces can be seen to have adopted an approach of low-level enforcement activity, moving away from possession offences, to the targeting of higher level traffickers and engagement in the drugs education and harm reduction approaches with multi-agency partners.

The effectiveness of this low level policing has been challenged by Hough (1996) and others (Dorn et al, 1992; Dorn and Murji, 1992; Moore and Kleinman, 1989; Reuter and Haaga, 1989; Rydell and Everingham, 1994) who have argued that inconvenience policing could have perverse effects in driving up the retail price of illegal drugs, which in turn, could lead to an increase in levels of drug-related crime by attracting more suppliers into the market. Consequently, these commentators supported the view that supply was a response to demand and efforts should not be concentrated on the supply side only. On the other hand, Murji (1994) was a supporter of this low level policy approach, arguing that it could remove heavy drug users and user-dealers whilst deterring the novice drug user; resulting in more hazardous and unpredictable drug markets for users and dealers and consequently suppressing demand. Some research

evidence was identified in support of a positive outcome from the disruption of markets in the short-term (Kleiman, 1988; Sherman, 1990; Worden et al, 1994). However it was not clear how far these markets were simply displaced to other localities.

Significantly, this type of enforcement was based on the assumption that users bought their drugs from street markets. Power et al (1993) have contested this assumption, by reference to evidence that has shown that many users bought from a trusted source, by prior arrangement and only used street markets as a last resort. Understanding these drug supply seeking behaviours and supplier relationships with drug offenders was one of the important evidence based practice considerations for the rehabilitative treatment process in developing and implementing the policy on DTTOs.

5.6. The literature on ‘what works’ in drug treatment.

The Government, having gained power in 1997 with a mandate to get ‘tough on crime’ and a philosophy of ‘what matters is what works’, sought to make good their manifesto promises to the electorate and find solutions to the complex social problems presented by crime. The emergent evidence base at that time, that the drug misusing population were responsible for significant levels of crime, was seen as a policy response to make good these promises. As discussed earlier, much of the evidence in support of the policy drew on the American literature, the experiences of the United States of America Drug Courts, (Straw 1996) and the emerging evidence of drug treatment effectiveness emanating from the UK Task Force to Review Services for Drug Misusers (DoH 1996).

This body of literature has been reviewed to ascertain just how robust the evidence base was that informed the construction of the policy, supporting the government's postulations that 'drug treatment worked', and developing the rationale for integrating drug treatment into the Courts and the Probation Service. In considering the evidence on the effectiveness of treatment interventions, it is important to acknowledge the complex nature of drug misuse and to point out that the needs of individuals and those of the wider community are not in conflict. The case for effective treatment lay in its potential to reduce problems for individuals and the population that were affected by drug misuse; yet the causes of drug misuse were not well understood.

It has been seen earlier in this chapter that Anglin and Hser (1990) identified three contrasting models to the approaches to treatment or prevention activity: the medical model, the disease model, and the behavioural model. However, what had yet to emerge in the literature was a model which encompassed the theories of criminogenic behaviour and the behaviours of drug taking; confirming or contesting these approaches.

It is not the intention in this study to enter into a debate on whether the term drug "use", or drug "misuse", should be the term of reference in discussions on illegal drugs consumption. A distinction is drawn below merely to illustrate that the sample cohorts in the literature examined for this study experienced significant problems, physical, psychological, social or criminogenic and often in combination, as a consequence of their drug taking behaviours. The term 'problematic drug misuse' is a term commonly seen in the literature to describe the cohort of the drug misusing population with the

most complex needs, and to whom the Drug Treatment and Testing policy has been targeted.

The anecdotal changing trends in drug use can be most notable in front-line services and through community development work. The use of substances, legal and illegal, can be seen to be subject to changing trends (fashion), influenced by availability and cost. Those in contact with statutory drug treatment agencies have tended to have experienced problems as a result of their drug taking, and to have developed patterns of drug taking behaviour commonly considered as, “misuse”.

Drug misusers have been identified by The UK Task Force Review of Services (DoH 1996) as a heterogeneous group of people, with a substantial minority of the population under thirty-five years of age, having used drugs in an experimental, occasional or recreational context. It is most important to recognise that not everyone who experiments with drugs necessarily progresses to drug dependence. Very little is known about the relationship between the so-called recreational drug culture of young people and the growing prevalence of seriously affected drug misusers. The literature has tended to be weak on how to confidently predict which people may move from experimentation to problem drug misuse, and in predicting which may choose to give up drug taking without needing the help of services to do so.

In the UK, The Task Force to Review Services for Drug Misusers was set up in 1996 (DoH 1996) to assess the clinical, operational and cost-effectiveness of drug treatment

services. It examined a wide range of evidence and commissioned literature analyses and a number of research projects; the largest, of which being NTORS - a prospective longitudinal study in England, tracking more than 1,000 drug misusers over a two-year period (Gossop et al 1998; 1999). The growth in UK evidence of the effectiveness of treatment, and particularly its cost effectiveness in relation to savings to the criminal justice system, and society as a whole, can be seen in this study: the largest study undertaken to date in the UK. It tracked the 1,000 drug misusers through various forms of treatment, and found that for every £1 invested in treatment, there was a saving of around £3, largely due to a significant reduction in criminal activity amongst participants (Gossop et al, 1998, 1999). This finding was broadly consistent with Hough's (1996) comment on savings reported in the American literature and reported in section 5.2.

NTORS (Gossop et al 1999) concluded that overall the improvements in drug taking and other problem behaviours observed at two years were impressive, in view of the severity and chronicity of the problems at intake. The clients recruited were long-term, severely dependent users of heroin and other drugs, and had a range of other health and social problems. Two years after intake, there were substantial reductions in illicit drug use, in injecting and sharing of injecting equipment. Improvements were also found in reduced rates of criminal behaviour, psychological and physical ill-health. There were large variations in outcomes between different agencies, but generally, the positive findings were encouraging on the outcomes for drug misusers following treatment.

5.6.1. Opiates

A number of evaluations have been undertaken of treatment programmes, largely conducted in USA. Much of the American research has indicated methadone maintenance as an effective and safe way of reducing both illegal opiate use and drug-related crime (Dole 1994). A few studies have used randomised control trials, the best known of which were the Drug Abuse Reporting Programme (Simpson and Sells 1982; 1990) and its successor the Treatment Outcome Prospective Study (Hubbard et al 1984). The studies found that methadone maintenance programmes yielded marked reductions in illegal drug misuse and in other crime, both during treatment and subsequently, although the effects were less when treatment ceased.

The most common form of treatment for heroin addiction, methadone maintenance prescribing, was developed in USA as a result of pioneering work in the 1960s involving the long-term substitution of methadone for heroin or other morphine like drugs (Dole 1994). Ball and Ross (1991) compared clients before and after treatment in six programmes in New York, Philadelphia and Baltimore. The results again provided evidence that methadone maintenance programmes could yield substantial reductions in both illegal drug misuse and crime. Drop out rates from the programmes were low, one in six over a twelve-month period. Difference in the effectiveness between the six programmes were identified, the most successful used higher dosages, aimed for maintenance rather than abstinence, and involved high quality counselling and support.

Other important research, to support evidence based practice, involved analysis of drug

dosage and has demonstrated consistent results. Ward et al (1992) concluded that restricting the dosage range below 50 milligrams resulted in high drop out rates and that doses above 60 milligrams were associated with retention in treatment and reduced heroin use. This result was further supported by the conclusions drawn by Anglin and Hser (1990), and those of Gerstein (1992), while Australian research found that clients maintained on 40 milligrams per day were more than twice as likely to use heroin in addition to their prescribed methadone as were those maintained on 80 milligrams (Caplehorn et al, 1993). A Cochrane systematic review (Faggiano et al 2006) identified that:

“the organisation and regulation of the methadone maintenance treatment varied widely”

Faggiano et al 2006 p.1.

and further concluded that:

“methadone dosage ranging from 60 – 100 mg per day was more effective than lower dosages in retaining people in services and in reducing heroin and cocaine usage during treatment”

Faggiano et al 2006 p. 2.

The British system, described by Strang and Gossop (1994), has paralleled the American approach, whereby heroin was prescribed to help dependent users withdraw slowly from heroin, or to provide a legal supply to those unable to break their dependency. However, the prescribing of heroin was substantially curtailed following the Dangerous Drugs Act (1967) and methadone then became the primary prescribed substitute for illegal opiates in the UK. More recently, the role of injectable maintenance prescriptions for heroin or methadone has been under further consideration by the National Treatment Agency

(NTA) (2003), a special health authority for substance misuse in England. The guidance they produced complemented the clinical guidelines on the management of drug misuse and dependence (Department of Health 1999). The NTA acknowledged that the published evidence base on injectable maintenance treatment was weak, and consequently the NTA drew together an expert group to determine what conclusions could be drawn from international and UK studies.

Methadone maintenance has been reviewed comprehensively by Ward et al (1992) and by Farrell (1994). In recent years, pharmacological advances have introduced new prescription drugs to support withdrawal from opiates. Clinical practice can vary in the extent to which these are utilised by drug treatment services, but methadone remains a first-line treatment for many opiate addicts.

Two treatment modalities for prescribing methadone to drug addicts were commonly reported:

- methadone reduction programmes and
- methadone maintenance programmes.

Methadone reduction programmes (detoxification), a common treatment modality in abstinence-orientated intervention programmes, can vary in duration from a few weeks to many months. Dose reduction schedules may be rigid or flexible, with regular reviews of client's progress. Clinical experience indicates that drug misuse can often be a chronic relapsing condition. A first episode of detoxification does not always lead to the participant progressing to longer-term treatment, and it is not unusual for detoxification

to take place several times in the context of a drug misuse career.

NTORS (Gossop et al, 1998, 1999) identified short term in-patient methadone reduction programmes as more successful in completion rates than longer term outpatient programmes, but the selection of the right kind of client for the right setting was considered an important factor. Follow-up support, after becoming drug free, was identified as important. It is important to recognise that detoxification alone cannot be expected to lead to long term abstinence and alteration in other outcome measures, such as employment, criminality, interpersonal relationships, general physical and psychological well-being, but rather should be considered a precursor to treatment.

In methadone maintenance treatment, the drug is prescribed on the understanding that it is provided on a non-reducing basis, following stabilisation at a suitable dose level. Following a period of time at a fixed dose, dose reduction occurs slowly; this may be over a period of a few months or years.

Methadone maintenance has been widely evaluated internationally (Amato et al 2004) and a small number of studies have been based on well designed randomised controlled trials with the majority of evidence of effectiveness emerging from well designed studies with some element of control present. Key findings included:

- a majority of studies concluded this form of treatment achieved significant reductions in heroin use, crime and a lowered risk of premature death

(Ward et al 1992; Mattick 1994)

- a consistent finding was that a daily methadone dosage over 50 mg was associated with lower rates of heroin use

(Ball and Ross 1991)

- methadone maintenance has been found to be effective in reducing the spread of HIV through intravenous drug misuse

(Des Jarlais et al 1992; Metzger et al 1993)

- receipt of counselling and length of time in methadone treatment were both factors associated with a more favorable outcome

(Ball and Ross 1991; Joe et al 1991; Simpson 1981; Mattick 1994).

However, on this latter point, a Cochrane review (Amato et al 2006), comparing psychosocial interventions combined with methadone maintenance treatment versus methadone maintenance treatment alone, concluded that questions still remained regarding the efficacy of the psychosocial services offered by most methadone maintenance programmes, as the findings in support of such an approach, to date, did not achieve statistical significance. Calls were made for large multi-site studies to better inform the evidence base.

These studies, referenced above, provided evidence that, at least in the short-term, methadone maintenance programmes were effective treatments and delivered significant benefits for the individual and society. The international evidence suggested that out-patient methadone maintenance programmes that incorporated psychosocial interventions to support participants to remain stable, were effective in reducing drug

misuse, improving health and reducing criminal activity, but the exact nature of the contribution of psychosocial interventions to the achievement of positive outcomes, remained to be explored (Amato et al 2006).

The UK Task Force to Review Services for Drug Misusers (DoH 1996) had earlier also concluded that methadone programmes that incorporated psychosocial interventions could have an impact by reducing drug misuse, improving health and reducing criminal activity in the short term. Interventions had the potential to improve the likelihood of clients achieving and sustaining abstinence when they utilised additional psychosocial treatment and longer-term support.

The findings of NTORS also confirmed those of international reviews; four weeks after entering into treatment the participants in the methadone maintenance programmes showed significant improvements (Gossop et al, 1998, 1999). A number of different adjunct psychological interventions were identified as in use by methadone prescribing programmes. Motivational interviewing and cognitive behavioural approaches were the most common, with individual and group sessions also commonly available to participants.

5.6.2. Amphetamines

Amphetamine misuse was another significant drug identified in the recreational scene and also used by established drug misusers. Amphetamines are stimulant drugs, available in illicit form as amphetamine sulphate tablets or, more commonly as powder,

that can be taken orally, nasally, injected or more rarely, smoked. Amphetamines are also available as pharmaceutical dexamphetamine tablets and as a variety of amphetamine-like slimming pills.

Dependence has increasingly become acknowledged as being associated with marked depressive symptoms, which commonly could be seen to occur when the drug was stopped. Klee (1995) described a wide range of amphetamine use, from occasional recreational use by young people to entrenched injection practices of heavily dependent drug misusers. In particular, there was evidence that amphetamines were, more than opioid drugs, associated with increased sexual activity and disinhibition (Klee, 1995). Klee (1995) went on to describe a number of other inter-related problems and difficulties, these included:

- physical health problems
- psychological health problems: paranoia, aggressive behaviour, suicidal ideas
- breakdown and deterioration in social relationships
- loss of control leading to panic and depression.

Limited evidence was seen to exist in the literature relating to clinical trials in treatment effectiveness with primary amphetamine drug misusers. During the mapping of services in The UK Task Force to Review Services for Drug Misusers (DoH 1996) some practitioners reported issuing amphetamine prescriptions. Mattick's (1994) earlier review of the international literature on prescribing found very little evidence to support amphetamine prescribing and The UK Task Force to Review Services for Drug Misusers

(DoH 1996) was unable at this time to make recommendations on its effectiveness, without further research.

In response to the call for more research, a number of Cochrane systematic reviews have been conducted on amphetamine treatment for dependence and abuse (Srisurapanont et al 2006a), amphetamine withdrawal (Srisurapanont et al 2006b) and treatment of amphetamine psychosis (a serious mental illness) (Srisurapanont et al 2006c), all of which called for more research. The latter review however, did conclude that anti-psychotic injections did provide some short-term relief for heavy amphetamine misusers experiencing psychosis, but not enough was known about what was effective follow-on treatment.

5.6.3. Cocaine

Cocaine is available as a powder, which is snorted or injected. It is also available as crack cocaine crystals, which are vaporized after heating and inhaled or smoked. Snorted cocaine is a short acting stimulant used often as a recreational drug. Both injected cocaine, and smoked crack cocaine, are significantly associated with dependence (Stimson et al 1993; Gossop et al 1994). Cocaine and crack cocaine drug users often present to services in acute crisis and require an immediate service response if they are to be retained in treatment.

Although cocaine misuse has featured in the UK treatment populations for decades, it has rarely been the prime focus of treatment agencies. A survey conducted by Donmall

et al (1995) found that most services were not attracting cocaine misusers and that some of the popular treatments among those that were, were not supported by the evidence. Those treatments for cocaine and crack cocaine users identified in the literature (Donmall et al 1995), comprised counselling, cognitive behavioural techniques, complementary therapies (acupuncture), prescription of antidepressants and, very rarely, substitute prescribing with pharmaceutical heroin; the most common being counselling (91%), referral or admission to residential rehabilitation (53%) and antidepressants (46%).

A review of the international literature, reported by The UK Task Force to Review Services for Drug Misusers (DoH 1996), did not find any significant individual treatment modality that was specifically effective for cocaine drug misuse (Des Jarlais et al 1992; Donmall et al 1995). The early promise of antidepressant chemotherapies was reported not to have been realised. Donmall et al (1995) concluded that, in the National Cocaine Treatment Study, as the cohort had received a combination of treatments, it was very difficult to isolate the individual effectiveness of any specific intervention. However, they further concluded that it seemed likely, from the international literature, and their data, that abstinence based psychosocial treatment approach, linking counselling and social support had the greatest initial impact. The UK Task Force to Review Services for Drug Misusers (DoH 1996) recommended further research to examine this in both in-patient and outpatient settings.

A number of Cochrane systematic reviews on pharmacological treatments for cocaine

addiction (Lima Reisser et al 2006a; 2006b; 2006c) concluded that none of those compounds that were commonly used showed evidence of clinical effectiveness. However in the review on the use of anti-depressants (Lima Reisser et al 2006a), it was observed that many of participants ceased using their prescribed antidepressants before treatment concluded.

Despite this lack of an evidence base, the National Treatment Agency for Substance Misuse (NTA) (2002a) commented that:

“treating crack dependence is neither extraordinarily difficult nor.....necessarily demands totally new skills”

(NTA 2002a p.1).

Further adding that:

“rather than nothing working, it is more that many approaches already familiar to drug services in Britain work well, but none are specific to the treatment of crack dependence”

(NTA 2002a p.2).

The NTA (2002a), acknowledging the paucity of effective pharmacological approaches to treatment, advised that for this group of drug misusers, cognitive-behavioural approaches had a positive evidence base, with group therapy, (utilising these approaches), found to be as effective as individual therapy.

In a supplementary briefing paper by the NTA (2002b), it was noted that the criminal justice system picked up large numbers of very heavy crack and crack/heroin misusers, with the paper advising that those with multiple needs responded best in services offering group support and a full schedule of therapeutic and practical activities, while

those lacking social support or with severe psychological problems, did best with treatment provided in residential settings.

Where psychotherapeutic supportive measures were recommended in the absence of pharmacological treatments, as in (NTA, 2002a; NTA 2002b; Lima Reisser et al 2006a; 2006c), the evidence in support of such approaches is discussed later in 5.6.6.

5.6.4. Benzodiazepines

Benzodiazepine tranquillizers are commonly prescribed psychoactive drugs. Their efficacy, and relative safety in normal clinical doses, is widely acknowledged. However, they can lead, in some cases, to a degree of psychological and physical dependence, and leakage of benzodiazepine prescriptions is acknowledged as an important source for illicit drug misusers (Fountain et al 1995).

Drug misusers could be seen to commonly use benzodiazepines, consuming high doses and developing tolerance to the sedative effects, an internationally recognised phenomenon (Darke 1994), - these drugs being consumed for their intoxicating effects, enhancement of the primary drug of misuse, or to counter early withdrawal symptoms. The main problems surrounding benzodiazepine misuse identified by The UK Task Force to Review Services for Drug Misusers (DoH 1996), were dependence, often superimposed on opioid or stimulant dependence, which produced a complex poly-drug misuse and caused unpredictable behaviour, aggression and physical illness. The Task Force further commented that services needed to be aware of the complexities associated

with co-dependence on benzodiazepines, as they represented a major component of drug misuse.

5.6.5. In-patient treatment services

Drug misuse services delivered in in-patient units provide medically supervised detoxification with counselling and support; with programmes staffed by specialists and treatment delivered by multi-disciplinary teams. Services may be based in hospital psychiatric general wards, specialist in-patient units, or the voluntary sector. Community based drug projects, day programmes and outpatient services may all contribute to post discharge treatment.

Reflecting on clinical practice with drug misusers over fifteen years, my professional experience of drug misusers with complex polydrug use, with a physical dependence on more than one drug, coupled with physical and psychological deterioration, has been that they were recognised as the likely candidates for in-patient treatment, as they were assessed as too complex to manage in a community setting. The UK Task Force to Review Services for Drug Misusers (DoH 1996) concluded that, in-patient programmes may be particularly relevant for complex multiple drug dependent misusers carrying high levels of medical and psychiatric morbidity.

Studies in the literature have examined treatment outcomes. A study in 1996 examined in-patient versus community based detoxification, and found that only 18% completed detoxification in the community, as opposed to 78% in an in-patient setting (Gossop et al

1986). A further study of clients receiving in-patient treatment in a UK unit three years later, found that 51% of clients were drug free at the six-month follow up (Gossop et al 1989), while Strang et al (1995) found evidence of increased effectiveness of treatment in a specialist drug unit, compared with treatment in a general psychiatric ward. Evidence which emerged from NTORS (Gossop et al, 1998, 1999) demonstrated that, at least in the short term, in-patient treatment had a significant impact and outcome achievement. Furthermore, Gossop et al (1999) reported that those treated in the residential treatment modality, despite having more serious problems and more likely to have been actively involved in crime at intake than participants in the community setting programmes, made some of the greatest treatment gains.

5.6.6 Counselling and Advice

It has already been identified that drug misusers present with a wide range of problems associated with their pattern of drug misuse, in particular in areas as general health, family relationships, employment, housing and criminality. They have often led chaotic lifestyles, displaying extreme emotional reactions and demonstrating poor compliance with treatment, and these problematic and chaotic lifestyles were recognised by the Home Affairs Select Committee (House of Commons 2001-02). These problems have been partly attributed to direct, and indirect, effects of the drugs themselves, but often, co-existing mental health problems were evident (Gossop et al, 1998).

Counselling can be considered a flexible technique to respond to this variety of needs. However, this very flexibility can make it difficult to clarify the purpose of counselling

and to evaluate it objectively. For drug misusers it is very rarely an isolated intervention and almost always occurs as a component of a wider drug treatment programme, and therefore, it can be difficult to separate out the effects of counselling alone. McLellan et al (1994) conducted a review of articles on counselling in the drugs field but found only six articles. He concluded that formal review of such sparse literature was not possible. However, the main points to emerge, from this review were:

- successful outcomes were related to marked and consistent differences between the counsellors themselves - the counsellors showing the best results had high levels of organisation and close adherence to their chosen counselling rules
- the addition of weekly counselling improved the efficacy of methadone maintenance programmes.

The Compass Partnership Survey (1995) found that many drug agencies had not clearly differentiated between formal counselling and support. The survey found only three out of eighteen agencies were judged as providing counselling which would satisfy British Association for Counselling criteria. The areas in which most agencies did not meet the criteria were levels of qualification, training of counsellors and their ability to articulate the nature of the approaches they used. It found that the counselling services in the agencies reviewed, could be described as falling into three broad categories:

- services offering formal counselling with assessment, clear goals, regular review and fully trained counsellors
- services offering formal counselling with most of the correct procedures such as assessment, goal setting, but with counsellors who were not adequately trained

for the task in hand

- services that claimed to offer counselling but, in reality, offered a more informal service that would be better described as ‘advice and support’.

The evidence presented to The UK Task Force to Review Services for Drug Misusers (DoH 1996) confirmed that securing a precise definition of counselling was an issue for many drug agencies. In general, two separate approaches were identified:

- counselling itself, which aimed to tackle the personal problems underlying the drug misuse in a variety of structured ways
- the giving of support and advice (for example on housing or employment) to help clients manage the consequences of their drug misuse.

The review found that, in practice, the two approaches were often combined under the general term ‘counselling’.

The UK Task Force to Review Services for Drug Misusers (DoH 1996) further reported that within the category of structured counselling, a number of more specific approaches emerged:

- Non-Directive Counselling – a widely used techniques derived from the work of Carl Rogers - encouraged clients to find their own solutions to problems
- Cognitive Behavioural Approaches – included motivational interviewing and relapse prevention were used to promote abstinence or achieve gradual control of drug misuse; specific training in these techniques seen as essential if they were to

be carried out and evaluated effectively

- 12-Step Addiction Counselling – this approach was underpinned by a strong ideological and theoretical base - derived from a concept of addiction as an incurable disease whose consequences and problems were only avoidable by life-long abstinence
- Other approaches – these included a variety of individual and group psychotherapies for example, Gestalt and Family Therapy.

More recently, the National Treatment Agency (2004a) has issued advice on psychotherapies and, in particular, advised that cognitive-behavioural therapies had a positive evidence base when combined with methadone treatment for misusers with heroin and cocaine dependence. Where evidence did exist it suggested that focused counselling, particularly cognitive –behavioural approaches, carried out by well trained and supervised personnel in a structured programme, could significantly assist reduction in levels of persistent drug misuse, criminal involvement and increase job status and social stability. Less structured counselling could also be effective, particularly when carried out by a consistent and well organised therapist, however, significant effectiveness could not be assured.

In concluding this review of the literature on what works in drug treatment, it is important to view in-patient and outpatient detoxification as part of an overall treatment plan and take into account the treatment and care needs, including strategies for avoiding relapse, in the immediate post-detoxification phase. Further still, drug treatment is, in

itself, only part of a much wider range of factors that can influence outcomes, and therefore policy developed at the national level may not reflect all such factors.

5.7. The literature on ‘what works’ in drug treatment interventions in the criminal justice system.

Recognition that the drug misusing population were responsible for significant levels of crime, has already been established, along with the Government’s mandate to get ‘tough on crime’. The impact, or potential, of drug treatment to reduce levels of crime has been widely reported by ministers and by the media, yet the relationship between drugs and crime has not been well understood by policy makers. This question of how drug treatment influenced criminal behaviour has been acknowledged by Gossop (2005), as important for the implementation and evaluation of not only treatment programmes, but also for the development of policy to tackle drug misuse.

A Department of Health funded study, NTORS (Gossop et al 1998), followed 1,100 people who entered drug treatment programmes throughout England between March and July 1995, and identified, from the initial survey results, that 60% of the cohort had committed some 70,000 separate crimes in the three months before they were admitted for treatment. After intake to treatment there was a marked reduction in criminal activity which continued to be evident some two years later - rates of acquisitive crime halved, with large reductions in the number of offences (Gossop 2005). However Gossop reinforced the complexity of the relationship between drugs and crime in his paper, (drawn from the findings of NTORS), by commenting that:

- much criminal activity reflected drug users lifestyles and circumstances
- many drug misusers were involved in crime before they started taking drugs
- crime among drug misusers was often related to factors other than drug taking
- crime and drug misuse was often influenced by common psychological, social and environmental factors
- crime and drug misuse co-existed in disadvantaged and socially deprived neighbourhoods

(Gossop 2005 p.6).

While interpretation of this relationship was problematic, Gossop conceded that some powerful interactions had now emerged that demonstrated the potential of drug treatment in reducing some types of criminal behaviours. A strong link has now been identified between drug misuse and the crimes of shoplifting, burglary, vehicle crime and theft, with offenders who misused drugs committing more offences (Home Office 2002). The benefits to be derived for individuals, their families and victims of crime in tackling for drug misuse are not in doubt.

Having reviewed the evidence base on the effectiveness of drug treatment interventions, it is important to see this applied in the context of the criminal justice system. Reference has already been made that the evidence in support of the policy to implement DTTOs in the UK, emanated from the American literature and the experiences of the USA Drug Courts (Straw 1996), along with the growing body of UK evidence that drug treatment was effective (DoH 1996). What evidence was examined has not been reported in the

policy proposals. Therefore it was not clear whether the influence of context, in terms of culture, political and legislative frameworks for policy implementation, had been considered in the crafting of this UK policy.

This next section will move on to explore the literature on the evidence base for setting drug treatment, in the context of the criminal justice agencies of the UK Courts and the Probation Service, and will reflect on recent American reviews of the Drug Courts and a Scottish Executive paper produced in 2000. An argument will be presented that while there is now a substantial evidence base that treatment works, the evidence base that it works in all, or a variety of settings, has yet to be established, and therefore it is a contention in this study, that context for policy implementation, should be an important consideration in formulating public policy.

Provisions to support drug treatment within the UK criminal justice system had been in place under the Criminal Justice Act (1991) for some time before the introduction of DTTOs (Crime and Disorder Act 1998). The criminal justice system, as a nomenclature, is used to describe a number of agencies whose roles may differ but all encompass varying degrees of enforcement, punishment and rehabilitative activities. The term 'system' implies homogeneity but in operational terms (as can be seen in the criticisms levied at the Home Office, vis-à-vis its 'fitness for purpose' portrayed in the media during May 2006 and subsequently acknowledged by the Home Secretary), this homogeneity is representative of political rhetoric not reality.

As tackling activity related to illegal drugs can be seen to involve a number of agencies that comprise the UK criminal justice system, the scope of the literature reviewed and evidence on 'what works', was restricted to those involving, in the main, the UK Probation and Court Services - drawing on other English language literature, as relevant to the focus of this study.

Traditionally, community based UK treatment for drug misusers in contact with the criminal justice system, has been delivered as part of community sentences linked to probation supervision. Hough (1996) has pointed out in his review, that treatment under a probation order was underpinned by legal coercion and as such, was distinguishable from most other forms of drug treatment.

Several ways in which treatment under probation supervision could be delivered in the United Kingdom, before the Crime and Disorder Act (1998), were available with varying levels of formal, or informal, coercion but not compulsion:

- the Court could specify treatment for drug dependency as a requirement of a probation order or combination order under the provisions of the 1991 Criminal Justice Act
- the Court could also specify, under pre-1991 legislation, psychiatric treatment or attendance at a residential treatment centre
- probation officers supervising offenders under probation orders could identify a treatment need and secure offenders' compliance
- the same could occur under a combination order, as part of aftercare supervision

or under a community service order.

A study conducted by Nee and Sibbitt (1993) found that:

- almost one in five probation areas relied solely on their internal resources to provide treatment
- two fifths used both in-house resources and outside agencies and
- two fifths relied entirely on outside agencies.

These outside agencies included community drug teams, drug dependency units, voluntary sector counselling agencies, therapeutic communities and private, or self-help, organisations. The main components of treatment identified in the study included:

- drug counselling
- drug education
- self-help groups
- psychotherapy
- substitute prescribing
- harm reduction programmes
- drug testing (particularly in the USA).

The precise format in which these treatment modalities were combined into programmes varied widely, according to the model of service provision adopted by each probation area. Yet Lee (1994) identified that the provisions introduced under the Criminal Justice Act (1991), were used sparingly and not seen as making a substantial difference in practice.

In the USA, some prosecutors have been credited with initiating a proactive stance in tackling drug misuse. Some examples of these prosecutor led schemes reported in the literature included educational and preventive programmes, improving prosecutorial performance in drug cases and diverting drug-using offenders into treatment programmes (APRI, 1993). The Drug Treatment Alternative to Prison in Brooklyn was one such example, which involved deferred prosecution to enable the drug offender facing a mandatory prison term to attend a residential therapeutic community (APRI, 1993; Russell, 1994), while a scheme in Arizona, "Do Drugs, Do Time" involved the suspension of criminal charges conditional upon the offender admitting to the offence, paying a jail fee, agreeing to have treatment and to pay for it (APRI, 1993). These early schemes were the forerunners to the introduction of USA Drug Courts, first introduced in Florida in the late 1980s. Within a decade these have been reported to have spread to every state in the USA, to have been introduced into Canada, Australia and Eire (Bean 2001), to have been introduced in some parts of England since the end of the 1990s and more recently Scotland (Department for Constitutional Affairs 2005). The introduction of these Courts promised much in terms of cost efficiency and community safety, operating through a judicially monitored Court-based treatment programme by a blend of therapy and coercion. These were judged by Nolan (2002) as a:

"politically palatable innovation"

(Nolan 2002 p1);

viewing the major feature of these courts as the replacement of the traditional adversarial approach to court conduct. However, individual Drug Courts have been observed to have taken on differing characteristics (Nolan 2002), some of which were as a result of

differing legislative arrangements which impacted operationally on the Courts (as in the different legislative arrangements between Scotland and England) and on Courts' ability to issue multiple sanctions (as in the case of the USA compared with Scotland) (Bean 2001).

The introduction of the Dedicated Drug Court pilots in England (Department for Constitutional Affairs 2005), drew on the international literature for support. However, Nolan (2001) has pointed to their failure, reporting that evidence did not support efficacy, as (in writing on the USA), Drug Courts had a net-effect of bring more people into contact with the Courts, who were then engaged with the criminal justice system for much longer periods than would otherwise have been the case. An international systematic review of the research literature on the effectiveness of interventions aimed at reducing criminal behaviour among drug users (Home Office Online Report 26/05), found that Drug Courts were effective. What is clear is that conclusive evidence on the effectiveness of Drug Courts in the UK context is missing - a gap that it is hoped the UK pilots in Leeds and West London and the extension of the Glasgow and Fife Drug Courts in Scotland, will fill.

In examining the evidence emerging from UK literature, drugs interventions in the criminal justice system were reported to offer effective means of putting offenders, who used illegal drugs, in touch with appropriate services, with the dual aims of helping them to reduce their drug use and achieve reductions in related criminal activity (Drug Prevention Advisory Service 1999). Initiatives over recent years have been developed to

achieve the objectives set out in the UK strategy “Tackling Drugs to Build a Better Britain” (UKADCU 1998). New resources, for three years from 1999/2000, to support this strategy were identified by the outcome of the Comprehensive Spending Review (Drug Prevention Advisory Service 1999).

The Home Office Drugs Prevention Advisory Service (DPAS) was established on 1 April 1999, to support implementation of drug interventions in the criminal justice system and the delivery of strategic objectives. Guidance indicated that these criminal justice initiatives should be co-ordinated via the Drug Action Teams in England (DPAS 1999) and link with other local work under the Crime and Disorder Act (1998), including the local Crime and Disorder Partnerships established under this Act. Despite the Home Office having the policy lead for criminal justice issues, operational jurisdictional issues had not been addressed in this guidance issued by the Home Office. No reference was present about how these interventions were to be co-ordinated in Wales which, while a signatory to the UK strategy, had developed its own national strategy for tackling substance misuse (National Assembly for Wales 2000a). The inter-relationship, or lack of it between the Home Office and Welsh Assembly Government, for implementing criminal justice policy within a context that transcended differing jurisdictional accountabilities for some policy areas (as in the case of health and social policy) led to some confusion at the local level, not helped by guidance issued to and referring only to England. In considering the conditions necessary for successful roll-out of centrally driven policy initiatives, such an omission in central guidance, for clarity across all jurisdiction contexts to which the policy applied, can be an impediment to

successful implementation.

In considering opportunities for drug treatment, a number of key points of intervention within the criminal justice system have been identified (DPAS 1999):

- arrest
- pre-sentence
- community sentences
- custodial sentence
- post-sentence

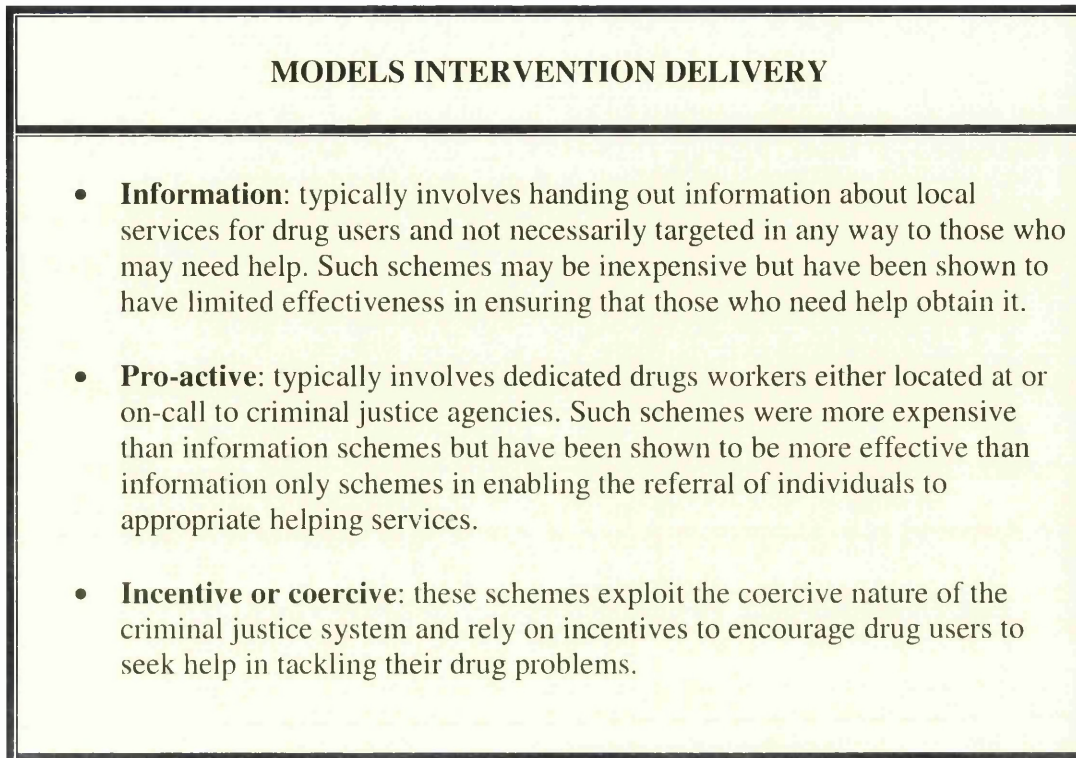
further recommending that to be effective, interventions needed to be available at all these stages in the criminal justice system.

Three broad intervention models were identified (Figure 5):

- information only: cheap but limited effectiveness
- pro-active: involving dedicated workers, effective at intervention points up to sentence
- incentive or coercion: as in the DTTOs

(DPAS 1999 p.3).

Figure 5 Models of Intervention Delivery



(Adapted from DPAS 1999 p.3).

The evidence base identifying the extent of the need for criminal justice drug interventions at the time of the introduction of the UK's strategy to tackle drug misuse (UKADCU 1998) was informed by the work of Bennett (1998). Through a study which tested the urine of arrestees for evidence of drugs, he identified that:

- property offenders were more likely to test positive for opiates (23%) and cocaine (14%) than other offenders
- almost half of shoplifters tested positive for opiates and 30% for cocaine
- one in ten domestic burglars tested positive for opiates
- illegal income was higher among arrestees who had taken heroin and/or crack

cocaine

- property crime funded around 75% of the total illegal income of which almost a third was spent on buying heroin and/or crack cocaine.

Edmunds et al's (1998) findings, in the evaluation of the Drugs Prevention Initiatives projects in London, East Midlands and Brighton, were consistent with those of Bennett (1998). Edmunds et al (1998) research also identified that many participants were spending upwards of £400 a week on drugs.

Advice issued to the Probation Service suggested that priority should be given to drug-specific partnership work and for partnership funding to be spent on:

“well founded anti-drugs interventions”

(DPAS 1999).

However, just what constituted “well founded” in this guidance was not clear. The drugs treatment field was seen to be comprised of a mixed economy of treatment providers, with varying degrees of knowledge and philosophies – not all of which could be said to operate based on evidence. Schemes based on well-meaning philanthropic values, or religious ideologies, cannot be guaranteed to deliver individual clinical practice in accordance with the evidence. Therefore it is feasible that organisational decisions from 1998 could have been made to fund ‘established’ projects or interventions, rather than those based on the evidence of ‘what works’.

Over recent years, a number of probation referral schemes have operated at the pre-sentence stage - these involved the referral of offenders whose drug misuse had been identified by a probation officer, between arrest and sentencing, to an agency offering

drug treatment. Such schemes offered an opportunity to intervene and provide an opportunity to assess an offender's suitability for a community sentence.

A main role of the Probation Service, at this pre-sentence stage, has been, and continues to be, in the preparation of pre-sentence reports. Sentencers generally consider a pre-sentence report, if relevant, before passing a custodial sentence or imposing a community penalty. These reports are intended to provide sentencers with information about the offender, their attitude towards the offence and indicate, if appropriate, a proposal for a community sentence. Pre-sentence reports offer an opportunity to encourage problem drug misusers to address the causes of their offending behaviour. However, in a survey conducted by Nee and Sibbitt (1993), several probation areas reported they had problems in determining the level of probation officers' skills, in identifying and assessing offenders with drug problems, to prepare these pre-sentence reports. Significantly, assessment by probation officers has been identified as a crucial activity in delivering drug interventions (DPAS 1999).

The DTTOs were introduced under the Crime and Disorder Act (1998) to replace the provision in the Criminal Justice Act (1991) paragraph 6 of Schedule 1A for offenders to undergo treatment as a condition of a probation order. However, it is important to acknowledge that not all drug related work by the Probation Service occurs in the context of DTTOs, as offenders drug problems could emerge after sentencing (DPAS 1999).

A report produced as part of the Home Office What Works Project (HMIP 1998), which explored effective strategies for the supervision of offenders in general, has commented that probation practice had traditionally developed on a model of individualised service, but that structured group programmes were now gaining in acceptance; the report commenting:

“an evidence-based approach requires clear concepts and firm evidence underpinning programmes and services. Evidence supports designs using cognitive-behavioural methods and points to the range of methods and services, which together may provide effective offender supervision”

(HMIP 1998 p. 3).

The inspection report went on to recognise that the probation service worked well in gaining offenders’ commitment to the programmes, in emphasising the importance of motivational interviewing, and the need to support offenders through a cycle of change to address their offending behaviours.

The need for ready access to information on developing probation practice had been identified earlier in a report from HMIP (1996), which concluded that:

“Greater use needed to be made of findings from recent research”

(HMIP 1996 p.15).

In a paper prepared for the National Audit Office, McSweeney et al (2002) described their findings from an examination of the provision of drug treatment within the criminal justice system, comparing and contrasting British interventions with examples from USA, Australia and European countries. In this paper, a number of key ideas and experiences emerged. The authors reported that a large proportion of arrestees in

England, USA and Australia tested positive for one or more drugs at the time of their arrest. Although a number of wide-ranging estimates were identified across the criminal justice systems in these countries, the authors were able to conclude that problem drug users constituted a significant proportion of the criminal justice population.

Turnbull and Webster (1997) observed four common points of intervention in their study on demand reduction activities across the criminal justice systems of the European Union: arrest; trial and sentencing by a Court; imprisonment and release from prison. McSweeney et al's (2002) study examined the countries' experiences at each of these points of intervention and concluded that although the criminal justice system provided a valuable opportunity to make contact with problem drug misusers who had little previous contact with drug treatment, evaluations measuring the effectiveness of different interventions, aimed at this group within the criminal justice system, had shown mixed results, specifically concluding:

“it would appear that a minority can be helped and succeed in changing drug using and offending behaviour. The majority however will fail.”

(McSweeney et al 2002 p. 6).

Significantly, they observed that to maximise the potential benefits offered by treatment, it was important to ensure continuity and consistency of care and support at each stage of the criminal justice system.

In 2005, the Home Office published a report of an international systematic review of the research literature, on the effectiveness of interventions aimed at reducing criminal behaviour among drug users (Home Office Online Report 26/05). The evaluation

encompassed 69 studies based on randomly assigned experimental and control groups in pre-test and post-test conditions. The main findings on effectiveness included:

- methadone treatment, heroin treatment, therapeutic communities and psycho-social approaches were effective
- drug courts probation and parole supervision were also effective

(Home Office Online Report 26/05).

However, the authors acknowledged that some of the findings may have related more to the quality and intensity of the programmes, rather than on evidence that the interventions were not effective. They further observed that few evaluations considered the qualitative variations among the programmes, but where they had:

- high intensity programmes were 50% more likely to bring about a reduction in criminal behaviour than low intensity programmes
- greater reductions in offending were evident among high dosage methadone treatment, and injectable over oral forms of administration.

In conducting this systematic review they commented on gaps in research evidence:

- treatment that was better suited to the needs of women in order to obtain successful outcomes
- few research studies tackled the issue of causality
- research was needed to inform 'how' improvements came about.

Significantly, relatively few evaluations originated from the UK compared to the USA.

The legitimacy of this American evidence, in informing UK policy, is challenged here

on the basis that the political environments, legislative frameworks and cultures differed and, it has been argued, that socially located interpretations (Tilley 1993) have a significant role to play in influencing local decision making and implementation processes.

The Home Office Online Report (26/05) contained policy recommendations which, if taken at face value by policymakers, could be misleading. Given the paucity of UK evaluations, and the need identified above for more research on 'how' programmes accrue improvement, it is not clear to what extent the cultural, economic, institutional and political 'context' had be addressed to determine the replicability of these findings to the UK setting.

That crime reduction has gained an increasing emphasis as a clinical goal for drug treatment services over recent years, having been accepted as such for many years in the USA, is not in doubt. The impact of such an approach in the UK, evident since the 1990s, has raised concern about the priority being given to this type of treatment; principally provided as a criminal justice intervention (Gossop 2005).

Gossop (2005) has advocated some caution in not misinterpreting the results on crime reduction from NTORS, as these results originated from a different cohort of drug misusers, than those engaged with criminal justices agencies. He concluded that:

“it is not known whether such findings would have been obtained with other samples, such as drug misusers within the criminal justice system”
(Gossop 2005 p.6);

“it is not known how effectively drug misuse treatment can be used as a crime reduction intervention with drug misusers who are not actively seeking treatment”

(ibid).

It was therefore not possible to determine from the literature, if the effectiveness of drug treatment, in terms of positive outcomes, was enhanced or constrained by contextual issues. What was clear was that quality and intensity of the programme of interventions were likely to be significant factors in achieving successful outcomes (Home Office Online Report 26/05). Some evidence also emerged that complex multiple drug dependent misusers, with high levels of medical and psychiatric morbidity, achieved better outcomes from in-patient programmes, but this evidence was not specific to offender populations.

In just the same way as the causal links between drug misuse and crime are not proven, (Hough 1996; Gossop 2005) proof that treatment works, per se, in any setting remains unproven. But further still, that drug treatment is, in itself, only part of a much wider range of factors that can influence outcomes. Policy developed at the national level may not reflect all such factors.

It is therefore suggested that the policy relating to DTTOs in the UK did not take account of these factors, and the claims made for an evidence-based approach to this particular policy development can be challenged. Furthermore, the failure to recognise and plan for, at the national level, the complexity and context for the policy implementation process, and set in place the conditions conducive to stakeholder

interprofessional/interdisciplinary collaboration and engagement, may lead to impaired policy implementation. The literature recognised, back in the 1970s, that observation of the human element of implementation was rarely considered in developing new services or products, likewise the influence of intra and inter-organisational relationships (Hage and Aitken 1970). Meyers (1981) contended that the reason that much programme implementation failed, was due to programme design.

5.8. Experience in the pilot sites, national evaluations and reports.

Having introduced the legislative framework within which DTTOs were to be delivered (Crime and Disorder Act 1998), the Government set in place a process to test out their implementation, before considering national roll-out. Three pilot sites had been chosen by the Home Office, and despite an application for a site in Wales, all three were located in England. The pilot sites had commenced on 1st October 1998. During, and subsequent to the piloting of these proposals, a number of evaluations and national reports had been produced on the implementation process. It is not the intention here to conduct a detailed descriptive analysis of the implementation process from these reports, rather to draw out aspects that relate to public policy formulation processes, which can be seen to emerge from this evidence base. Comment will be made later in Chapter Nine on the issues that emerged within the local context (three years following the national roll-out) and what lessons remain for informing centrally-driven, cross-cutting public policy formulation for multi-agency community-based responses to complex social problems.

To assist in the design of this study, a non-participant three-day observational visit to the

Netherlands was arranged during 1999. The Netherlands has frequently been referred to as having liberalised views on drug policy and, following some initial enquiries, were willing to accommodate a three day study tour of Amsterdam and Haarlem. The purpose of the visit was to gather information to assist in contextualising the nature of the policy and, although this visit was not a major contributory component of the study, it assisted in formulating ideas and gaining a perspective on how the policy was being implemented in another jurisdictional context. During the visit, a meeting was held with the 'Bureau International Affairs Drugs' to discuss, with a policy adviser, how the Dutch government were advancing alternative sentences for drug addicts. A visit also took place to a Dutch criminal justice agency operating a similar scheme to that proposed for the UK. This visit was particularly helpful in formulating questions, and identifying issues, to pursue through the analysis of the piloting stage of the UK DTTOs.

The following sections summarise an analysis of the issues raised during a non-participant observational visit, and telephone interviews with managers, during the implementation of the DTTO pilot sites, before moving on to explore the published literature relating to the formal evaluation of the DTTOs and subsequent national reports on their implementation.

5.8.1. The Drug Treatment and Testing Order pilot sites.

During 1997, the new Labour Government invited UK Probation Services to submit proposals to act as pilot sites for implementing the new DTTOs. Three pilot sites were chosen, located in Gloucestershire, Liverpool and Croydon. Scotland had decided to

operate and fund its own pilot system to reflect the differing jurisdictional, and legislative, context in which DTTOs would apply. Despite Wales submitting proposals, a pilot site was not selected to operate within the jurisdiction; anecdotal reports from within the Wales Probation Services indicated that the Home Office felt that Gloucestershire was able to reflect the service within a rural environment!

Although the legislation introducing DTTOs applied equally in England and Wales, consideration did not appear to have been afforded by the Home Office, at that time, on the impact of devolved administration in the organisation and delivery of DTTOs within the local Welsh context (Government of Wales Act 1998; The National Assembly for Wales (Transfer of Functions) Order 1999). It is a central argument in this study that the failure to pilot these proposals within a Welsh locality had a considerable impact on implementation at policy and practice levels.

As Wales had been unsuccessful in securing Home Office funding to operate a pilot site, and test out the implementation of this initiative within the Welsh political, cultural and organisational context, an observational visit to one of the pilot sites (Gloucester), and subsequent telephone interviews with the remaining two sites (Liverpool and Croydon), were organised to explore the implementation issues and local intelligence arising within the pilot sites. These were arranged during 1999; the three day observational visit took place at the Gloucestershire site, on the basis that the Home Office considered this site to be representative of the Welsh context, and telephone discussions held with the team managers from the two other pilot sites.

The observational visit was non-participative and involved a semi- structured interview focused on implementation issues, with responses tape-recorded and transcribed into key themes. These themes subsequently formed the basis for the telephone interviews with the remaining two pilot sites and an opportunity was also afforded for further open comment.

In addition, the UK conference organised by the Home Office, in November 1999, to promote and inform on the development of this initiative, was also attended. A number of common themes emerged, which are categorised and summarised below.

Establishment of the service

Each of the pilot sites had a foundation upon which to build on the development of DTTOs, either through joint finance initiatives, or through probation staff working closely with the statutory drug treatment services. Despite these existing partnerships, which would already have exposed staff to working in the differing philosophical and cultural dimensions of the two services, these philosophical tensions were reported as prominent features in two of the three pilot sites. Two of the three pilot sites went on to emphasise the importance of recruiting skilled staff, with experience of working in drug treatment delivered within a criminal justice environment, to overcome the philosophical tensions referred to above, and further advocated for an emphasis on staff supervision to support a consistency of treatment approach. One of the pilots had attempted to operate a ‘multi-skilled’ approach to work across traditional professional role boundaries. However this proved problematic and was not considered to be working effectively, as it

was found that the professional background of the assessor undertaking the initial assessment resulted in a biased assessment outcome. The underlying values and philosophies of the staff backgrounds were considered to be a contributory factor to these difficulties, presenting in the form of differing expectations.

Where services had been integrated with other criminal justice initiatives, as in the arrest referral scheme, this enabled early identification of offenders with serious drug problems and allowed for fast tracking to Court for those for whom DTTOs might be appropriate. This fulfilled one of the basic principles of the initiative; to fast track people into treatment. However, it was reported that some key organisations and professionals, responsible for delivering ‘treatment’, had not ‘bought in’ to the underlying principles behind the cross-cutting nature of this policy initiative, and held some significant concerns about the displacement of people voluntarily seeking treatment through routine referral routes into statutory drug treatment services.

This fast tracking of offenders into treatment was also one of the much voiced concerns expressed by statutory core drug services following the announcement of this initiative – whereby people wanting to access drug treatment may consider committing crime was a way to avoid having to go onto waiting lists for drug treatment. Waiting lists were a common occurrence within the Welsh drug treatment sector at this time (Audit Commission 2002; National Audit Office 2003; Turning Point 2004). Turning Point (2004), made reference to the concern expressed by The Home Affairs Select Committee in 2002 on their review of the Government’s drug policy:

“We consider it highly undesirable that it should be easier for a drug addict to access treatment through the criminal justice system than in the community. This is further reason, if any were needed, for the Government to provide more treatment in the community”

(Turning Point 2004 p. 30).

A key issue to have emerged from these pilot schemes was the need to consider the impact of differing philosophies and values in establishing multidisciplinary teams. In addition, team-training and team-building, from the early project planning stages to agree service philosophy and team members' roles, were viewed as essential to secure effective implementation of this type of model of service delivery.

Clinical practice

Although there were no problems reported in accessing substitute prescribing, there were some marked differences in the approach between the pilot sites. One of the pilot sites required rapid reduction of the substitute prescription drug (methadone) with the expectation that offenders would be drug free after two weeks; this issue also operated a low dosage regime (circa 40 milligrams of methadone on a rapidly reducing basis). It was reported that offenders, at this site, began to experience problems in the programme, demonstrated by non-attendance, positive urine analysis or non compliance, at the four-five weeks stage; this was reported to coincide with the reduction or cessation of their methadone prescription. Both of these practices were contrary to international evidence, which suggested that dependent heroin misusers needed higher doses for a much longer period of time (DoH 1996; 1999). Attempts were made to rectify the issue of dosage, as the prescribing level was increased up to a maximum of eighty milligrams of oral

methadone daily; evidence suggested was far more effective (ibid). However, there was an indication that offenders were still expected to reduce from this level within the original timescale. Such an approach, as illustrated by this pilot site, raised issues of clinical practice and how practice may not be applied in line with current best practice nor tailored to reflect the serious problematic nature of drug misuse in this targeted population.

A focus on an individualised treatment programme was the preferred approach in all sites, designed to meet the priority needs of offenders; this was viewed as an important aspect of service delivery. Such an approach was seen to require extensive multi-agency working, including accessing appropriate housing, education, vocational training and general health care needs, as well as addressing offending behaviour and its links with drug misuse. One of the pilot sites emphasised the importance of operating an evidence based treatment programme with clear treatment objectives, supported by a weekly review of an individual's treatment plan. This site adopted a case management approach and included attendance at core elements of the treatment package:

- stabilisation on supervised methadone prescribing on a reduction or maintenance basis
- direct admission to residential rehabilitation
- compulsory structured group work programme
- attendance at cognitive behavioural group programme thrice weekly for twelve week
- attendance for urine testing twice weekly

- weekly group work for twelve weeks.

Although, in theory, referrals could be made to other services, most commonly residential rehabilitation units for those who experienced difficulties in the community based programme, this occurred infrequently, largely due to the cost of residential treatment.

A recurring theme that emerged was the challenge in securing an agreed approach; notably, attaining agreement on what point in time, having commenced on the DTTO, illegal drug use should cease. Further problems arose in relation to confidentiality and what information should be shared, and with whom. Once again, problems of interdisciplinary working emerged and were seen to be hard to overcome, as was ensuring consistency of approach and the development of a shared vision across the multi-disciplinary composition of the team. An example was reported to have emerged through the requirement by the probation officers for clients to attend daily, which was viewed as acceptable by the probation officers. However, the drug specialists felt that the chaotic nature of offenders' drug use could make daily attendance very difficult, and that to expect this was impractical. In the site that had adopted a 'multi-skilled' approach in working across traditional professional role boundaries, such differences in perspective culminated in a return to demarcation of professional roles.

Urine testing

The interviews highlighted variation in the approach adopted in the frequency and

processes for the testing aspect of the DTTO. Where unsupervised approaches to the collection of urine samples were practiced, concerns arose that specimens were being adulterated and therefore leading to false results; but supervision was resource intensive. One of the sites reported carrying out significantly more urine tests than the others and struggled to attain agreement, across the team, on a consistent degree of tolerance of offenders' illicit drug use, as detected through these tests. This issue of tolerance was a common feature across the sites, and the view expressed that probation officers were more likely to take action in the event of positive urine tests, non- attendance or other forms of non-compliance, than other disciplines within the team.

Sentencers

Following training, sentencers were reported to have embraced the DTTO as a sentencing option, with few recommendations made to the Court on the suitability of a DTTO as a sentencing disposal, rejected. The scope of the pilot sites to achieve consistency in sentencer was impaired by geographical factors, and the spread of the Courts, in two of the pilot areas. Where it was reported that an active decision had been made to adopt the USA model of the 'Drug Court' (Straw 1996), staff reported that consistency in sentencer had contributed to the achievement of progress towards positive outcomes. Early discussions with sentencers, and Court officials, to negotiate timetabling regular sessions for DTTO Court appearances and review hearings, were therefore seen as essential.

Integration with other services

Although generally offenders were able to access a methadone prescription rapidly, this was not always the case in accessing other treatment interventions. In one of the pilot sites, significant problems in accessing inpatient detoxification were experienced early in the programme and persisted throughout the duration of the pilot; the local hospital requiring offenders on DTTOs to be managed via the service's waiting list, as with any other referral. Such a stance appeared inconsistent with the policy imperative and suggestive of emerging problems of policy ownership. The significance of this finding, it is argued, directly relates to the research question and may be seen to challenge the credibility of the policy implementation process, at both the national, and the local levels.

5.8.2. Home Office Evaluation of the Pilot Sites.

The Home Office commissioned the Criminal Policy Research Unit of South Bank University, London, to undertake the evaluation of the pilot sites, which was constructed as a two-phase evaluation (Turnbull 1999; Turnbull et al 2000). The pilot sites became operational in issuing DTTOs from 1 October 1998; the interim evaluation of the pilot sites taking place from commencement until the end of June 1999 (Turnbull 1999). In this interim evaluation, the slow start in the take up of DTTOs was acknowledged (seventy-eight across the three sites) but it was anticipated that these schemes should be able to collectively achieve 100 DTTOs per annum. The characteristics of these seventy-eight offenders were as follows:

- average age: 28 years (range 18 to 40 years)

- males: 53 (68%)
- white: 71 (91%)
- most common offence: shoplifting (53%)

(Turnbull 1999).

Of particular relevance in Turnbull's (1999) report was his observation that the Home Office guidance, in stipulating the frequency of testing and sanctions process for positive urine tests (for illegal drugs once commenced on the DTTO), had failed to acknowledge that problematic drug misuse was a relapsing condition and therefore positive urine tests, while offenders traversed their way through the change process of treatment, would be an expected phenomenon. This phenomenon of problematic drug misuse as a relapsing condition is well recognised in the literature and within clinical practice. It is therefore not clear, given that the government purported to develop policy on the basis of 'what works', why Home Office guidance to the Probation Service was issued that was in contention with evidence.

The identification of provisional problems, at this stage in the implementation of the pilot sites, was summarized by Turnbull (1999) as comprising eight key areas, although it has to be acknowledged that the some findings were derived from interviews with offenders very early on (one month) after entering the programme:

- interagency working – considered the most important factor in setting up the service
- referral procedures and criteria into the programme
- assessment processes – criteria and screening

- matching individuals to treatment - advocating national guidance on restriction of liberty and on structured treatment programmes
- clarity of intervention objectives– abstinence versus harm minimisation
- expectations of drug use on DTTOs – different approaches adopted by pilots required further analysis
- consistency and effectiveness of urine testing – tailoring to treatment programmes for individuals
- continuity of sentencers at Court reviews – continuity more easy to attain in Crown Court than Magistrates Court
- streamlining breach procedures – clear guidelines needed

(Turnbull 1999 pp. 3-4).

Following eighteen months of implementation, a number of issues emerged in the final evaluation report (Turnbull et al 2000). Firstly, that of the activity level projected in national roll-out for all probation areas (5,000 DTTOs per annum), half would have been dealt with under the previous probation order schemes, 1A {6} and 1A {2}(Criminal Justice Act 1991). Therefore these new sentencing arrangements generated approximately an additional 2,500 offenders with drug misuse problems into drug treatment. Secondly, comment was made on the need for local decisions on the target group of offenders for this sentencing option, and in selecting candidates to propose to the Court as suitable for a DTTO. Thirdly, the researchers observed that Drug Treatment and Testing teams were under pressure to ensure that they met centrally imposed performance targets, which could result in a perverse incentive to select those with a

better chance of demonstrating good progress, rather than targeting the problematic drug misusers with extensive criminal histories, for whom the programme had originally been designed.

In considering the implication of this observation by Turnbull et al (2000) for public policy formulation, it is suggested that public policy formulation, in setting performance targets, needs to be more discerning if policy objectives are to be realised and real benefits derived for all stakeholders:

“ ...helping one in three 20-year-olds to control their drug use is a more valuable achievement than helping two in three 30-year-olds do so; the latter are much nearer the natural end of their drug-using careers”

(Turnbull et al 2000 p. 34).

Such an approach would represent significantly greater challenges for drug misusing offenders and treatment services; consequently political expectations would need to be grounded in these contexts and through communication of policy intentions to the electorate.

Further evidence from the Turnbull et al's (2000) evaluation acknowledged the relapsing nature of serious problematic drug misuse and the implications this had at both local and national levels:

“... of all problematic drug users those with extensive criminal involvement probably have fewest personal resources at their disposal to control their habit”

(Turnbull et al 2000 p. 51),

and went on to comment that they had observed local pilot sites attempting to strike the right balance between how often they required offenders to undergo urine tests, and the requirement to instigate breach proceedings when urine tests showed continued use of illicit drugs in accordance with the spirit of the legislation and compliance with Home Office National Standard (Home Office 2000b). This issue had been raised earlier in the interim evaluation report (Turnbull 1999). This inconsistency in policy formulation has been commented on above.

Concern was also expressed by Turnbull et al (2000) that in adopting too rigid an approach to urine testing and the presence of illicit drugs in the urine, in the pursuit of abstinence, could result in the revocation of large numbers of DTTOs which would be inefficient and costly, as re-sentencing would be required taking up additional criminal justice time and resource.

Much has been made in developing this public policy initiative of the cost-savings to the criminal justice system, and society as a whole, that would ensue from providing drug treatment to problematic drug misusing offenders. The evidence from the pilots would seem to suggest that such implementation behaviour, during a national roll-out, would place the policy at significant risk of failure.

Chapter Two has indicated that the UK policy of introducing DTTOs had been influenced by the USA Drug Court model (a dedicated Drug Court) originating in Dade County. Within the USA Drug Court model, the judge was not only seen to issue the

sentence, but played a key role as one of the multi-disciplinary Drug Court team; taking an active interest in offenders' progress through their treatment programme. In the UK pilots, securing continuity of sentencers was a rare occurrence, according to Turnbull et al (2000), although where it had occurred this was viewed positively.

The UK approach was predicated on the basis of Court engagement with the DTTO, not just at the sentencing stage, as evident through the inclusion of regular Court reviews. However, in formulating the policy it was clear that the practical challenge of how to get this continuity that appeared to be so valued in the USA model (Nolan 2002), into the British Court system was not addressed nationally; instead, it was left to local negotiation.

It would appear that this was such a fundamental contributor to successful implementation of the programme that it represents an aspect of public policy formulation that should have been addressed early on, in the policy formulation stage, by the Government and the Department of Constitutional Affairs. Section 5.7 in this study has already identified that the Government was now taking steps to redress this issue, but this was some four years after national roll-out.

Another serious failure, identified by Turnbull et al (2000), was also evident in the casefile review conducted in this study during 2002/03; the finding of marked variation in quality and intensity of the assessments, and case recording in general. Problems of interagency working continued at two of the three pilot sites – no teams had received

any formal team building – and these problems of joint working and conflicting cultures were attributed as the cause for high staff turnover. These interagency problems were seen as the most significant for national roll-out.

“It would be wrong to discount the difficulties encountered by the schemes as a function of personality clashes or deficits in skills. They were consequences of joint working on a difficult enterprise by organisations with big differences in working styles, traditions and values. We think they are likely to be widespread when DTTOS are rolled out”

(Turnbull et al 2000 p. 56).

The trend for white males to predominate the DTTO cohort continued, with shoplifting the most common offence and calls were made for greater focus on the needs of women, on younger offenders and on black offenders. Although in the early stages of the DTTO, illicit drug use and offending continued, Turnbull et al (2000) commented that on aggregate they were very substantially reduced.

Turnbull et al (2000), in their interviews with cohorts of offenders at the start (n=132), after six months (n=48), upon completion (n=31), as well as a small number whose DTTOs had been revoked (n=19), reported a number of issues that offenders had raised with them:

- travel was problematic within rural areas in terms length of time and the impact this had on childcare arrangements
- they valued the structure and routine that attending the programme gave them
- forty-seven out of forty-eight interviewed at the six-month stage reported that the programme had an effect on reducing their offending behaviour

- greater emphasis was needed on aftercare, housing and employment
- a lack of staff skills was identified as a weakness
- having access to residential rehabilitation was also needed as a treatment option
- offenders should be allowed more time to make the changes required by the programme (Prochaska et al 1992).

In their concluding remarks, they commented that although only a small number of offenders had reached the end of their DTTOs, all had shown very positive outcomes in reduced levels of crime and reduced drug usage, while those whose DTTOs had been revoked were still engaged in crime and drug misuse but to a lesser extent than immediately before their arrest. They concluded that it was too early to say if these changes could be sustained into the long term, but concluded that even if a minority successfully completed, the amount of crime prevented could be substantial.

Although this evaluation (Turnbull et al 2000) recognised the significant handicap for initiatives imposed by central government, relative to those locally championed, and the need to recruit staff experienced in joint working and committed to drug misuse within the criminal justice environment, the evaluation did not address the contextual issues necessary to support national roll-out. It was weak in demonstrating *how things work* (Davies et al 2004, original italics), to inform the intervention design at the local level and in tailoring these interventions (for which evidence does exist that they can work, as demonstrated earlier in this chapter) to the specific contexts in which the policy was delivered. As Davies et al (2004) have argued:

“...contextualised understanding of effectiveness provides a more secure basis for extrapolating research findings to other sites and settings – increasing confidence in external reliability”

(Davies et al 2004 p. 271).

Furthermore, they argued:

“Interventions where human agency is central and the settings are unstable may need more imaginative theory-driven evaluation strategies”

(Davies et al 2004 p 271).

One of the significant challenges in implementing public policy in cross-cutting organisational environments remains; the extent to which local variation in implementation can be tolerated by politicians and civil servants in centrally-driven high profile initiatives. This is particularly so when organisational cultural and philosophical differences emerge through implementation, as they are likely to do in cross-cutting policy arenas, many of which were capable of being foreseen at an earlier stage in the policy formulation process.

It is suggested that evidence is emerging to support the argument in this study that, at the national level, the policy process had failed to put in place the mechanisms to support successful implementation. Interestingly, the decision for national roll-out would have been taken before the final evaluation was published (October 2000), as the announcement had already been communicated in June 2000 (Home Office Criminal Policy Group Circular [2000a] 43/00), that DTTOs would be available for sentencers as from 1st October 2000.

5.8.3 HM Inspectorate of Probation (HMIP) Thematic Report.

In 2002, some two years after national roll-out of DTTOs (which took place from October 2000), the HM Chief Inspector of Probation announced an inspection programme to assess the Probation Services' success in implementation. The challenging circumstances within which this new policy had to be implemented were acknowledged in the report (HMIP 2003), as not only were all Probation Services being reorganized into a national service, the health service was also undergoing major organisational change. Significantly, the HMIP report identified that there was no policy lead and consequently no national project plan to take forward the national implementation process for this new community sentence, grounded in legislation and much vaunted by politicians, in their aspirations to be 'tough on crime and tough on the causes of crime'. The HMIP argued that these circumstances, although adverse, were:

“....when place in its political context could realistically be argued as the best available at that time”

(HMIP 2003 p. 13).

The political context to which this statement referred was as follows:

- the idea was believed to be popular with potential stakeholders
- the evaluation of the pilots was broadly encouraging
- funding had been secured under the Spending Review 2000 to start the new DTTOs in the last six months of 2000, which would otherwise be forfeited.

(HMIP 2003 p. 17).

The justification for this statement will be explored and challenged below; however, it will be argued that for some aspects of implementation at the local level, best practice was lacking.

Targets were initially set to monitor performance of DTTOs, on the basis of the number of commencements (number of offenders sentenced to DTTOs). Outcomes had not been set nationally and the HMIP report indicated that little had been done locally to develop outcome measures. Given that DTTOs were developed as a crime reduction intervention and, as a secondary objective, to improve health status, it was surprising that so little had been done, as outcomes measures for drug treatment interventions were published by the Task Force to Review Services for Drug Misusers (Department of Health 1996) and reiterated in the former Welsh Office guidance (Welsh Drug and Alcohol Unit 1997). These health related departmental guidance documents were well publicised in local drug service agencies across England and Wales. However, this problem of lack of drug treatment outcome measures monitoring may have been influenced, to some degree, by the lack of a health service lead within central government during the planning stage for this policy; an issue of significance, as reported in the HMIP report. Furthermore significant local problems and tensions in partnership working for the implementation of DTTOs were referred to, and seen to have been caused by health service structure, culture, leadership and direction; not helped by this lack of a central health service lead and lack of recognition of the issues for health and social service policy in Wales (Government of Wales Act 1998; The National Assembly for Wales {Transfer of Functions} Order 1999). Reconviction rates were a well known performance measure within the criminal justice system, but little planning had taken place to monitor these at the local level.

The HMIP report (2003) also identified some areas for development:

- in financial arrangements to understand the costs of DTTOs
- unacceptable levels of achievement against the national standard set for DTTOs
- substantial difficulties in local case management arrangements
- poor record keeping - performance was not able to be demonstrated and
- lack of detail in Court review reports

(HMIP 2003 pp.13-14).

Further comment will be made on these issues of record keeping and Court reports detail later, when the findings from this study are reported.

So despite these difficulties, the report concluded that although much had been achieved, there was a long way to go before the National Probation Service could demonstrate that it had successfully implemented DTTOs. A number of recommendations were made to rectify the problems outlined above.

However, in considering the justification for the HMIP's quotation above, it is important to reiterate the evidence so far; that the context and timing within which this policy was implemented was at a time of major organisational change in Health and Probation Services, the lack of a policy lead within the Home Office, the lack of a Health Service lead within central Government, during the planning stage for DTTOs, compounded by the jurisdictional issues with devolved administration in Wales, it is suggested, could hardly be judged as conditions conducive to successful implementation of this new legislated policy.

5.8.4. Measuring the impact of DTTOs on reconviction rates.

The political drivers and policy imperatives to be ‘tough on crime and the causes of crime’ have been articulated earlier in this study. Government clearly required a means of demonstrating how their policy initiatives were delivering the desired policy objectives. It has already been illustrated that the policy was developed as a crime reduction initiative, with a secondary objective, to improve health status. However, effective community based treatment interventions were essential in order to break the drug-crime link. It has also been identified that outcome measures for drug treatment interventions had been published in the literature and as departmental guidance (Department of Health 1996; Welsh Drug and Alcohol Unit 1997) and widely distributed across the drug treatment communities. Criminal policy studies have established that previous offending behaviour was a good predictor of future offending (Lloyd et al 1995), and means of measuring reoffending have been established (Home Office Offenders’ Index; Offender Group Reconviction Scale {Taylor 1999}).

The contention that this policy was developed primarily as a crime reduction initiative can be given further weight by the lack of evidence in the DTTO evaluation literature, and from analysis of Home Office commissioned research (Hough et al 2003), which examined the outcome of DTTOs on the basis of two-year reconviction rates of offenders sentenced to DTTOs from the three pilot sites. The Home Office’s Offenders Index, a database holding information on criminal convictions in England and Wales, was the source utilised by Hough et al (2003) to secure data on reconvictions for the pilot sites cohorts of DTTO offenders (n= 210 sentenced): matching failed in 17% (n =

36) of this total cohort. From this assessment, based on the number of previous convictions per person, the researchers concluded that the DTTO cohort were high-risk of reconviction, establishing that 80% of the 174 offenders sentenced, on whom data were available, had been reconvicted within two years. (Note: this figure relates to those sentenced to DTTOs, not those who completed the DTTO).

Hough et al (2003) proceeded to compare the outcomes for those who had completed their DTTO (n= 49) and those whose DTTO had been revoked (n=108), concluding that reconviction rates were significantly lower amongst those who completed their DTTOs than for those who did not. (Note: some data were not available or DTTOs had other outcomes, for example, out of area moves).

However, the research indicated that the reconviction rate was a crude measure, insensitive to reductions in the frequency of offending behaviour, as a number of offences committed by an individual could be heard during a single Court appearance. The importance of this being, that as a measure, it could hide the true nature and level of offending behaviour.

To better inform their research, Hough et al (2003) carried out a detailed analysis across the three pilot sites, based on data over a seven-year period commencing five-years prior to the start of DTTOs, and concluding two-years after the start of the DTTO. This analysis demonstrated that for the period before DTTOs were imposed, trends in conviction rates were broadly similar for those offenders successfully completing the

DTTO (n=49) and those whose DTTO had been revoked (n=108). The researchers noted that conviction rates appeared to increase over the preceding five-year period, peaking in the year before sentencing to a DTTO. They pointed out that it was important to recognise, in interpreting the findings, that those offenders whose DTTOs had been revoked while demonstrating a marked reduction in conviction rates in the second-year of the DTTO, could in part be attributed to custodial sentences imposed by the Court following the revocation of the DTTO. The researchers pointed out that in contrast, those who completed the DTTOs had the opportunity to offend, but chose not to. However, it is argued here that reconviction rates only reflect criminal activity for which offenders had been caught or owned up to, rather than crimes actually committed.

Hough et al (2003) attempted to answer the question ‘Who succeeds on DTTOs?’ but were only able to conclude that the key to success lay in retaining people on the order. This was, indeed, no different to earlier findings by Hough (1996) and ACMD (1996) that retention in treatment was a key factor to success.

Hough et al (2003) further commented that the differences in performance between the pilot sites, in terms of reconviction rates, were as a result of local differences in implementation; yet the researchers were not able to inform on these differences, their impacts and the key factors to achieving successful implementation.

Their summary conclusions on the impact of the DTTO pilot sites on reconviction rates were:

- overall, reconviction rates in the three pilot sites were high (80%)
- a high number of DTTOs were revoked
- those who completed the DTTO showed very substantial falls in reconviction rates and that this constituted a genuine effect – reconviction rate 53 %
- failure to find any predictors of success was an important finding in its own right
- the encouragement from the initial findings (Turnbull et al 2000) failed to materialise at the conclusion of the pilot stage.

The key policy question that Hough and his colleagues (2003) posed from their research, was whether these results were indicative of ‘theory’ or ‘implementation’ failure? They called for further research on desistance from problematic drug use, to mirror research work on desistance from offending.

This last statement by Hough et al (2003) is an important issue, in that in calling for this ‘mirroring research’ attention should not only be paid to identifying ‘what works’ in supporting individuals to desist drugs and criminal behaviour, but that such research now also needs to consider ‘in what context’ can it work, so that better policy implementation ensues that can challenge or confirm original policy intentions and derive better value for money for the taxpayer.

5.8.5. Scrutinising public spending on Drug Treatment and Testing Orders.

The National Audit Office scrutinizes public spending on behalf of Parliament and during 2002, worked with HM Chief Inspector of Probation on the DTTO Thematic

Inspection programme (HMIP 2003). The National Audit Office then proceeded to a second stage review, in England only, during August and September 2003, following the publication of the thematic inspection in March 2003 (HMIP 2003).

The Government's ten-year strategy for tackling drug misuse (United Kingdom Anti-Drugs Coordinating Unit (UKADCU 1998) set out the objective to increase the number of drug-misusers in treatment, and increase capacity to identify and treat drug misusing offenders at all stages in the criminal justice system from arrest through to custody and release, and break the link between drug misuse and crime. The introduction of DTTOs was established to complement other interventions delivered within the criminal justice system. However, as has been seen earlier in this study, the nature of this link between drugs and crime, in terms of causality, was not well understood (Hough 1996; Pudney 2002; Holloway and Bennett 2004).

Targets were initially set to monitor the performance of DTTOs, on the basis of the number of commencements (number of offenders sentenced to DTTOs); not on the basis of numbers completing, intermediary or health outcomes. In November 2000, the Home Secretary set a target for the National Probation Service to achieve approximately 6,000 commencements a year, effective from 1 April 2001. By the end of December 2002, this national target was doubled to 12,000 commencements a year, to be achieved by March 2005 (National Audit Office 2004). It did not initially set a target for the proportion of DTTOs to be completed successfully, nor define how success was to be measured. This lack of key performance indicators and outcome measures was an issue raised by the

National Audit Office report (2004).

It was most surprising that given the complex cross-cutting nature of the policy and social problems it aimed to address, that success from a policy perspective was such a narrow interpretation. While to some extent this could be seen to accord with the Government's ten-year strategy to open up access to treatment for offenders with serious drug problems, the lack of attention at the national level on guidance to Probation Services on evidence based drug treatment and effective models of care was a significant policy implementation flaw, particularly so in the Welsh context. A possible explanation for this follows.

By December 2003, the National Audit Office (2004) reported that 18,414 DTTOs had been issued. The funding for DTTOs was based on an assumption of £6,000 for each DTTO commenced in a year. Differential funding arrangements had been instigated between England and Wales, with the health drug treatment cost dispersed to the English health services' Primary Care Trusts to commission drug treatment services, whilst in Wales, funding to cover both supervision and drug treatment was passed to the Wales Area Probation Services, bypassing the health commissioning arrangements. Some of the local problems experienced in implementing this policy may have stemmed from this differential arrangement and will be discussed later. For 2003/04 in Wales this allocation amounted to £3.5 million. The total funding for implementing DTTOs across England and Wales during 2003/04 was £53.7 million (National Audit Office 2004).

A number of key findings emerged from the National Audit Office report (2004) relating to the policy formulation or policy implementation process were worthy of note and are referred to below.

The concerns expressed by drug treatment workers that DTTOs would displace voluntary drug clients (Audit Commission 2002; Turning Point 2004) had not been realised, as sustained investment in DTTOs had contributed to expanding capacity of local treatment services rather than displace other drug misusers seeking treatment; however, the report noted that waiting lists for high intensity local programmes (not requiring a Court Order) took many months to access, if they were available at all.

Some tension was evident between the general policy intention that DTTOs should only be used for the most serious cases (National Audit Office 2004 p.19, Court of Appeal judgment *R v Kefford* 5 March 2002) as a significant number of offenders, despite significant records of drug-related offending, were found not suitable for a DTTO. Furthermore, the National Audit Office report found that probation areas were attempting to adapt the DTTO for less serious offenders, which brought its own problems in complying with the National Standard (Home Office 2000b) governing DTTOs (Home Office Criminal Policy Group Circular {2001} 25/01), as the standard impaired local flexibility to provide a variety of sentence and treatment options. Recognising some of these problems, subsequent supplementary provision was made by the Home Office National Probation Directorate for lower intensity treatment within the National Standard and further changes to DTTOs were made in the Criminal Justice Act

(2003).

The report went on to identify that some groups were under-represented on the DTTOs; addressing this was often constrained by the lack of suitable local treatment programmes. These groups included young adult offenders (constitution by age/sex was not specified in the report, but has been assumed to relate to the under twenty-one year olds on the basis of the comment that 90% of offenders on the in 2002 were aged over twenty-one years), offenders with stimulant addictions (for example, cocaine, crack cocaine) and women. The National Audit Office report further observed that if treatment was successful, the impact on crime levels from reducing a young offender's drug habit at an early stage in their criminal career, could have greater proportional effects – DTTOs were applicable to 16 year-olds and over. However, this would involve the participation of other criminal justice agencies, The Youth Justice Board and local Youth Offending Teams, to oversee the supervision of the DTTO. Turning Point (2004), in their report, commented that only a small number of DTTOs had been made for sixteen to seventeen year-olds (n=161) and only a minority (number not specified) were completed. Turning Point (2004) attributed this poor completion rate to the challenges local services faced in engaging young people on such an intense and highly structured Order. Arnall (1998) observed that these failure rates:

“will continue to be high if other factors which may have caused or contributed to the young offender's drug use, are not recognised or responded to. For many young people, the problems underlying the offending behaviour are much more fundamental than simple drug misuse itself”

(Turning Point 2004 p.20).

Arnall's view was further supported by Hammersley et al (2003) and would indicate that DTTOs for young people would need to acknowledge the impact of the wider social (particularly familial), developmental and environment factors that lead to social exclusion and economic disadvantage. Further support for this type of approach came from Seddon (2000), who had identified that low educational attainment, negative childhood experience, poor access to healthcare, housing and poor employment prospects, all underlie drug misuse and offending behaviour. Furthermore the Runciman Committee (2000) had expressed the observation, that early drug use and deprivation remained the strongest indicators of progression to problematic drug use.

In considering the impact of the National Audit Office's (2004) statement and these views, a number of policy issues could be seen to emerge, which could impact on drug treatment provision for this cohort of young offenders, in particular, the suitability and availability of local drug treatment services, focused on meeting the needs of young people under the age of eighteen years. Drug treatment services for children and young people were seen to be less well developed and unevenly distributed across England and Wales (Turning Point 2004), although a number of initiatives had been established to redress the balance (through for example, developments in Child and Adolescent Mental Health Services). However, reliance on short-term funding for local initiatives resulted in problems of sustainability and variation in local provision; sustainability of funding being an important feature recognised in the National Audit Office report (2004). Furthermore, it was recognised that imposing an adult treatment model on children and young people was inappropriate (HAS 1996; Turning Point 2004) and would fail to

comply with the spirit of The Children Acts (1989; 2004) in terms of the need for child centred services. Further consideration would be needed on management arrangements for this age group to be targeted, as Youth Offending Teams have a role to play in supervising young people on community sentences, yet could lack the specialist skills to assume drug treatment responsibility (although some employ drug workers, a higher level of competency was likely to be required to administer DTTOs in this context). Indeed, it could be argued that the current arrangement for DTTOs failed to consider these specific developmental needs for sixteen to eighteen year olds, as the DTTOs were seen to operate within a predominant adult services treatment model.

A wide range of cross-cutting policy implications were also seen to emerge if DTTOs were to effectively address the needs of young offenders, and to reap the perceived benefits from the early treatment approach suggested by the National Audit Office (2004). Responding in such a way would require cohesive, sustainable national and local leadership. Many of the current programmes, which aim to tackle social disadvantage, operate within narrowly defined boundaries. These were often not helped by rigid national criteria for access to development funding, inhibiting local discretion to realise local cross-cutting service developments. Political ‘pet projects of the month’ were also considered to represent a risk to sustainability and were likely to divert manager and practitioner time and attention away from the longer-term programmes that would be needed. Furthermore, despite the rhetoric of partnership working emanating from the Government on an increasing basis over recent years, governance arrangements and public accountability in these type of partnerships have been criticised and found to be

weak (Audit Commission 2005).

The overall performance of the DTTO programme in terms of positive outcomes (measured as completions) continued to be low - 28% in 2003 (for the whole of the South Wales Probation Area, which incorporated seven local authorities, the reported number of completions was 223 - National Audit Office 2004 p 28). However, these figures included those cases where formal revocation by the Court had not occurred, as for example, in the case of outstanding warrants (therefore the measure was not a true one of those successfully getting to the end of their DTTO). Where services were detailing these data, a snapshot survey indicated these represented a significant proportion of the full-term cases, ranging from 17% to 25% of expired cases (National Audit Office 2004 p. 23). If this figure was representative of the national picture, the rate of successful completion of DTTOs (to full-term or concluding early for good progress) was only in the range of 3% to 11%. If one then applied Hough et al's (2003) rate of reconviction of 53% (see 8.4 above), the policy intention of reducing the drug-crime link would be difficult to judge as successful.

In summary, a number of detailed findings and conclusions on local implementation were reported (see National Audit Office 2004 pp. 3-5). The overall conclusions from this report can be summed up as follows:

- a low completion rate that reflected the challenges of keeping serious drug misusers engaged in an intensive and highly structured programme
- a need to strengthen the management of the DTTO

- the emphasis should shift from commencements to improving the effectiveness of the DTTOs to deliver improved outcomes of reduced drug misuse and reoffending

(National Audit Office 2004 p.3).

The Probation Service, having already undergone organisational change at the local level in April 2001, some three years on was to be subjected to organisational change at the national level in June 2004 with the establishment of the National Offender Management Service (Carter 2003). The challenge to resolve these problems was laid down.

In analysing these issues highlighted above, as reported some two years into local implementation, a number of factors, already referenced in this study, must be borne in mind in putting this performance in context:

- the policy implementation process has been shown to have been hampered by a lack of central support and guidance and further impaired by a failure to engage the Department of Health at the policy formulation stage
- the implementation took place at a time of organisational change for Probation and Health services
- serious drug misuse was recognised, by treatment agencies and in the literature, as a relapsing condition
- this was a complex cross-cutting policy applied in differing jurisdictional context
- the political decision to roll it out was taken in advance of the final evaluation report and the role of evaluation literature is to highlight these programme

implementation problems and better inform policy and programme development.

Subsequent guidance and programme refinement has been in evidence, through changes to the National Standard, development of accredited substance misuse programmes such as the National Probation Service Offender Substance Abuse Programme (OSAP), maturation as the programme established and improved partnership arrangements began to emerge with the local Drug (Alcohol) Action Teams. However, Hough et al's (2003) question has gained further significance in light of these National Audit Office (2004) findings, whether results were indicative of 'theory' or 'implementation' failure? Furthermore, the National Audit Office report (2004) expressed concern that the failures to complete DTTOs meant that resources were expended with limited benefit and resulted in further Court time being utilised to re-sentence the offender.

It was therefore not clear on the basis of these evidence bases whether the anticipated cost-benefits, upon which the policy was reportedly predicated (Straw 1996; Hough 1996), could be realised with this current level of performance, but, it is suggested, highly unlikely. Although outside the scope of this study, further work would be needed on this issue and to identify the level of performance needed, in terms of completions and reconviction rates, for the UK policy to accrue these anticipated cost benefits. Too often policy initiatives are promulgated on their ability to reduce or shift services, (as for example within the health service through redesign of services away from acute hospital to primary care) make savings or improve performance. The transaction costs of such initiatives rarely enter into the calculations, nor are they impact evaluated to ascertain if

the resources and effort expended, actually reaped the desired public and organisational benefits.

5.9. The experience of the Drug Treatment and Testing Order service provider.

Turning Point, (a large UK voluntary sector provider with experience of operating drug treatment services both within the community and through the criminal justice system), was the commissioned drug treatment provider of DTTOs in the area of South Wales where the fieldwork for this study was conducted. In its report (Turning Point 2004) it called for a more flexible public health approach to drug treatment in the criminal justice system. Commenting on the approach to drug testing, while acknowledging that this could be a motivating factor, the report was critical of an over-reliance, by the enforcement agencies (probation and the Courts), on urine test results and how these were used to review progress on DTTOs. The report argued, such over-reliance on this aspect did not represent a good measure of effective treatment, as it failed to demonstrate reductions in drug usage and, was only one factor of many that needed to be considered in monitoring offenders' progress through treatment.

The inflexibility referred to above, was considered by Turning Point to emanate from the National Standard (Home Office 2000b), and was perceived as being 'overly rigid'; probation services were expected to instigate breach proceedings for one or two unacceptable failures to comply with the DTTO within a twelve-month period. In practice, variability across the country in how this was applied was observed, as it was reported that clinical practice tended to recognise the relapsing nature of drug misuse.

It is somewhat surprising that given the evidence base and clinical recognition of the relapsing nature of serious drug misuse that the National Standard (which, as the title indicates, was developed at the national level) failed to consider this evidence base. Perhaps the political imperatives to be ‘tough on crime’, the Labour government mantra that has predominated throughout their period in office, overrode the evidence base and was yet another example of the divide that can occur between policy formulation and policy implementation, even at the national level.

Turning Point’s report (2004) also drew attention to the fact that many offenders on DTTOs had needs that extended beyond their problematic drug misuse – physical and mental health needs, housing, family relationships, training and employment and financial management skills were the most common. Turning Point’s experience in delivering services highlighted that many dependent drug users had limited social and economic resources and life opportunities and that services to respond to these needs often lay outside the influence of the DTTO Teams. Again a lack of cohesion, variation on criteria and access arrangements between these services was evident. Turning Point advocated the Drug Court model of service delivery (based on multi-disciplinary teams) as a means to delivering more effective and integrated partnerships.

Multi-disciplinary teams have been a common response to addressing multiplicity of needs and have been most widely used in the UK in the fields of learning disability and mental health services. Some Court based multidisciplinary teams have also been developed, as in the case of mentally disordered offenders. However, the problems in

multi-disciplinary working, particularly where different philosophical stances guide practice, are not new and have been acknowledged in the context of implementing DTTOs (Turnbull et al 2000). Turnbull and colleagues called for much more attention to this issue in the national rollout of DTTOs.

In reflecting back to the Home Affairs Select Committee's view in 2002, where they considered it "undesirable" for it to be easier to access drug treatment through the criminal justice system than in the community, Turning Point (2004 pp7-8) undertook a comparative analysis of the pooled drug treatment budget in England (pooled budgets were created to draw together existing funding for drug treatment from the Department of Health and other government departments). The report highlighted that during 2004-2005, central government funding for criminal justice based drug services (which included other criminal justice programmes not just the DTTOs) exceeded the level of funding for this pooled drug treatment budget, with this trend projected to continue into 2005-2006. It must be recognised that central government funding is not the only source of drug treatment funding, as authorities at the local level also contribute to this pooled budget arrangement. However, the evidence would suggest that access to drug treatment through the criminal justice system is a Government priority, despite the concerns raised by treatment providers and ministerial committees that this sends the wrong message, the political imperatives can again be seen to prevail.

Turning Point argued that through the introduction of DTTOs Government recognition has been afforded to the view that public health measures, rather than criminal law,

could change behaviour. It could be argued that seeing the criminal justice system as a primary point of access to drug treatment could be counterproductive, if it were to result in more people coming into contact with the criminal justice system and acquiring a criminal history, which would further compound social and economic disadvantage into the longer-term - in particular, the failure of the current arrangements to consider the specific developmental needs of 16-18 years sentenced to DTTOs; the rigidity of many of the current programmes aimed at tackling social disadvantage that inhibit local cross-cutting service developments and the timing of the political decision for programme roll-out.

In summary the purpose of this analysis has been to elicit aspects from the available evidence base that relate to public policy processes, which could be seen to have emerged as the implementation process unfolded. It has already been illustrated in Chapter One (Figs 1 and 2) that the policy-making process interacts within, and is influenced by, an environment within which the policy had to operate and, that within those environments, micro, meso and macro political considerations came into play (Barker 1996; Palfrey et al 2004). The argument under construction is that, even when a policy is well-formed and evidence-based, local and contextual influences and factors can result in unintended consequences of the policy being manifest in 'the real world'. Chapter Three has explored the influence of organisational processes and the conflict and disequilibrium evident at these times of change. The organisational change which the Probation Service was experiencing at the time that this policy was rolled out nationally meant that the introduction of a complex policy initiative at this time was

quite possibly ill-conceived. This will be subject to further discussion. This study continues to build the argument that putting in place requirements on public services to implement policy initiatives without detailed consideration of the evidence, implementation context and governance arrangements can be seen to represent a flaw in the policy formulation process.

Chapter Six

The local cultural context of drug misuse

Reducing the prevalence and incidence of drug use has been seen as a key objective within European, UK and Welsh strategies, with specific priorities targeted at subpopulations. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is responsible for developing indicators and monitoring progress of Member States in meeting the European Union (EU) targets and each EU member state nominates an organisation to operate as a Focal Point for collating their country's progress reports and submitting these to the EMCDDA.

At the time of the implementation of DTTOs in 2001, this function in the UK was fulfilled by a national charity, Drugscope, for the Department of Health. While it is not the intention in this research to undertake a detailed description of the prevalence of drug misuse within the UK, as this would comprise a detailed narrative, it is raised here to emphasise its importance for policy development and implementation and to aid understanding of the context of drug misuse within the UK. Mike Trace, the former UK Deputy Anti-Drugs Coordinator and at the time of his statement below, Chairman of the EMCDDA Management Board, has advocated:

“Information and its evaluation lie at the core of an effective EU drugs strategy. Indicators of prevalence and incidence of drug use are vital if policy-makers are to frame action that will really make a difference, especially to protecting our vulnerable young people against drug-related harm”

EMCDDA. (2002) p 1.

Determining the prevalence and incidence of local drug misuse was seen to be a difficult

task, as it relied in the main, on either data relating to service activity or in applying national prevalence rates to the local population. The former would not be an accurate reflection of need but rather service demand and in the latter case rates were not context sensitive.

However, while acknowledging its importance, this task was seen to represent a significant challenge for local agencies to demonstrate how local action was contributing to reducing prevalence rates. Furthermore, problems could be seen in compiling a detailed local picture of the prevalence rates for the local sub-populations. Invariably nationally commissioned surveys were the main method by which prevalence rates were seen to have been determined in the UK (for example the British Crime Surveys and schools based health surveys within the UK constituent countries), however, these were not sensitive to local circumstances and differences. Local partnerships were expected to undertake local needs assessments, to include prevalence rates; however, these partnerships were seen to lack the skills and time to undertake this level of detailed work and the infrastructure necessary to monitor progress. Much has been made in the literature about the need for outcome monitoring, which should inform prevalence monitoring, but the investment in local infrastructure and staff skills to undertake the detailed level of work required was often not acknowledged and failed to be available, in practice, at this time.

In the year before the national roll-out of DTTOs, this research investigated the published literature and local data sources to determine what was known about the

nature of drug misuse in Wales and specifically the likely demand for DTTOs utilising available Probation Service secondary data sources. The following sections report on the key issues found from these sources, and where data originated from published sources, these have been updated to reflect the current level of understanding.

6.1. Prevalence of drug misuse in England and Wales.

To inform the context of this research, the literature were reviewed and headline data on prevalence rates for drug misuse selected, as reported to EMCDDA. (Jeffrey et al 2001). The main results of the general population data were reported to EMCDDA on a combined England and Wales basis.

- In 2001/02 and 2000 34% of 16-59 year olds had ever used an illicit drug, compared to 32% in 1998, 29% in 1996 and 28% in 1994
- 12% of 16-59 year olds had used drugs in the last 12 months in 2001/02 compared to 11% in 2000 and 1998, 10% in 1996 and 1994
- Differences in gender remained stable between 1998 and 2001/02 with 41% of males and 28% of females reporting ever using any illegal drugs in their lifetime compared with 38% of males and 27% of females in 1998

Jeffrey et al 2001 p22.

The most recent UK Focal Point Report (Chivite-Matthews et al 2005a) showed that the prevalence of reported drug use had increased overall since 1996, but not significantly so since 2000 (Table 2).

By combining survey data from across the UK devolved administrations (England and Wales, Scotland, and Northern Ireland), an estimate for 15 to 64 year olds has been derived:

- 34.1 % reported using one or more drug in their lifetime
- 11.8 % reported use of one or more drug in the last year and
- 7.1 % reported drug use in the last month

(Chivite-Matthews et al 2005a. p. 28).

(Note: there were differences in the age ranges of survey cohorts between different countries).

Table 2: Percentage prevalence of use of illicit drug use in England and Wales from 1996 to 2003/04 amongst 16 to 59 year olds.

Prevalence	1996	1998	2000	2001/02	2002/03	2003/4
Lifetime	30.5	33.6	35.7	34	35.7	35.6
Last year	11.1	12.1	11.9	11.9	12.2	12.3
Last month	6.7	7.1	7.2	7.4	7.4	7.5
Total sample size	10,940	9,984	13,018	20,146	23,586	24,222

Chivite-Matthews et al (2005a).

In conducting the British Crime Survey, (Chivite-Matthews et al 2005b) found that those living in inner city areas reported higher drug use.

Prevalence was reported to be particularly high in certain groups; young offenders, children in need, care leavers, homeless young people (Lloyd 1998; Gilvarry 2001; DrugScope and DPAS 2002) and children of drug misusing parents (ACMD 2003). The UK Focal Point Report on Drugs (United Kingdom 2005) went on to comment that these groups of young people were also more likely to use a wider range of drugs and use them more frequently. Of particular interest in this research, as will be seen in Chapter Eleven (11.3), was Becker and Roe's (2005) findings on patterns of drug use amongst young people, where it was found that serious or frequent offenders and truants showed the highest level of drug use - Class A drug use, (for example, heroin, cocaine, and other serious drugs of addiction), 13 % for serious or frequent offenders and 16% for truants.

The UK Focal Point Report on Drugs (United Kingdom 2005) acknowledged that population based surveys, such as the British Crime Surveys, were of limited value in estimating the extent of problem drug use, because of its often hidden nature, and commented that other methods, often employed at the local level, such as capture-recapture methods (Frischer et al 1993) and multivariate indicator methods, were becoming more frequent. However the report observed that of those that had been published, differences in definition of what constituted problematic drug use made comparison difficult. The report referred back (page 53) to the 2004 UK Focal Point report estimate for problematic drug use of 9.5 per thousand (95% CIs: 8.99-9.79 per 1,000).

6.2. Understanding the Nature and Extent of Drug Misuse in Wales (1999-2000).

The nature and extent of drug misuse can be seen to vary between communities and can be influenced by popularist trends and availability. Capturing this national picture on the nature and extent of problem drug misuse was seen to represent a challenge, due to the very illegality of the act of taking these drugs of misuse. Where trend data were available in Wales, they relied on service agencies submitting reports to a Regional Drug Misuse Database, or relied upon UK national surveys, specifically commissioned one-off research or schools based surveys.

It has been seen, in Chapter Three, that the availability and distribution of drug services across Wales was very variable. Yet understanding this nature and local trends were important for planning services and establishing effective interventions.

The Welsh Regional Drug Misuse Database was established in 1991 to provide a regular source of information on drug misuse in Wales and was the only method of surveillance of Welsh drug misuse trends. It recorded a standard set of information on drug misusers receiving assistance in the management and treatment of drug misuse, from drug agencies and medical practitioners. The database collected data about individual drug misusers, their employment status, family arrangements and housing tenure. It also collected data on the type of drugs/substances used and the way in which those drugs were administered. It has been the most comprehensive and regularly updated source of information about the characteristics of people with drug problems who presented to services in Wales. However, a number of limitations with the database could be seen and were acknowledged:

- the data related to problem drug misusers who presented to services rather than to those who had drug problems
- data collected could have reflected changes in service activity as well as local problem drug use and therefore were difficult to interpret
- data were service dependent and relied upon the willingness of agencies to supply, which could influence the picture provided

University of Manchester Research Unit 1999-2000 pp.3-6

It is important to re-emphasise that data from this source only reflected drug misusers who were accessing treatment during these periods. Furthermore, extreme caution was advised in interpreting the data, as any apparent trends may have been artifacts of varying completeness and accuracy of reporting rather than true trends. Given that this system was the most complete available for many years, and the limitations so extensive, one has to challenge whether it did indeed add any value to understanding the nature of drug misuse in Wales. It was also limited in expanding the knowledge on service demand, as reporting was not compulsory and many other services in contact with drug misusers (and treating them) – e.g GPs, of whom only 5 practices reported to the database in 1999 and 6 in 2000 - did not regularly report on services provided. The report (University of Manchester Research Unit 1999-2000) identified a large increase in reporting during 1999, (as a consequence of the inclusion of data from one in-patient unit) and is an illustration of the difficulties alluded to above, that arise in making year-on-year comparisons. However, as the only centrally collated data sources in Wales, summary key findings for the period are reported below.

For all-Wales, the most frequently used drugs in 1999 and 2000 were reported to be (in rank order) heroin/methadone (methadone available as black market leakage), cannabis and stimulants (other than cocaine), although the 2000 figure for stimulants declined to less than half that of the previous year (University of Manchester Research Unit 1999-2000). Table 3 illustrates these changing trends in the drugs of misuse, main drug (as in the drug which an individual used most often or was causing them the most problems) over an 8 year period.

Table 3: Trends in the numbers of new cases reporting main drug group of misuse between 1992 – 2000

Drug Group	1992	1993	1994	1995	1996	1997	1998	1999	2000
Heroin/Methadone	360	359	455	472	536	443	580	814	957
Other opiates	85	66	55	59	55	38	67	80	86
Benzodiazepines	208	198	178	196	119	125	154	161	161
Stimulants	498	562	479	484	402	455	403	494	233
Ecstasy	46	23	23	44	31	20	13	24	80
LSD	21	57	36	18	8	11	3	2	3
Cannabis	262	507	554	512	346	258	298	410	495
Steroids	69	60	43	47	61	62	77	58	86
Solvents	66	36	39	30	19	33	24	40	27

University of Manchester Research Unit 1999-2000 p. 25.

Note for Table 3 above: The database recorded cases by episode, defined as contacts with any agency in Wales reporting into the database. A user presenting for the first time would be recorded as Episode 1 (new case). Further episodes could be entered for this user if s/he returned to the original reporting agency after a period of six months or more, or contacted another drug agency. Checks were in place to minimize double – counting that could arise from a drug user contacting more than one service.

Anecdotal reports from local agencies across South Wales at this time highlighted an awareness of increasing levels of heroin misuse within their locality over a number of years, although the extent to which this was identified as problematic differed between areas, and was dependent on availability of the differing drugs, the success of police and customs in drug detention and cultural trends in drug usage. Table 4 illustrates that in the most commonly reported drug of misuse - heroin - the age of first use was reported at the age of transition into adulthood, while the drug of choice for younger people, it appeared from this data, were solvents. The report commented that there was no clear ongoing trend for the onset of various types of drug misuse. Table 5 illustrates the changes in distribution by gender by selected main drug groups for the two years 1999 and 2000.

Table 4: Changes in the most common (modal) age of first use of certain drug groups 1991 – 2000.

Drug Group	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Heroin/Methadone	19	18	18	17.5	17	18	19	18	18	18
Benzodiazepines	16	16	16	16	16	15	16	16	14	16
Stimulants	16	16	16	16	16	16	16	16	16	16
Cannabis	15	15	15	14	15	15	14	16	14	14
Solvents	13.5	14	14	13	12	12	14	12	12	13

University of Manchester Research Unit 1999-2000 p. 25.

Table 5: New Cases (Wales) (n=3517) analysed by selected main drug groups 1999 and 2000.

Main drug	Sub-Total		% of Total of New Cases		Women		Men	
	1999	2000	1999	2000	1999	2000	1999	2000
Cocaine	43	57	1.2	1.5	9	12	34	45
Heroin	717	871	19.9	22.5	203	235	514	636
Stimulants	494	313	13.7	8.1	164	95	330	218

Adapted from University of Manchester Research Unit 1999-2000 p. 26

Note: the numbers for methadone, reported as a combined figure with heroin in Table 3, have been excluded from the data set in Table 5 by the report authors at University of Manchester Research Unit 1999-2000.

The historical problems of data collection across the UK relating to drug (and alcohol) misuse resulted in a review of the Regional Drug Misuse Databases and a new system commissioned, by the Department of Health during 1999, the National Drug Treatment Monitoring System (NDTMS), of which the reports utilised above, prepared by the University of Manchester Research Unit, were the first set. Some four years into this new system, despite additional investment, data problems continue and extreme caution continues to be required in interpreting the data. The data remain drug treatment service dependent.

6.3. The nature of drug misuse in South Wales (1999-2000).

As has been indicated above in 5.2, the Welsh Drug Misuse Database was established in 1991 to provide a regular source of information on drug misuse in Wales and was the only published method of surveillance of Welsh drug misuse trends. The database also recorded alcohol cases.

Data from the Welsh Drug Misuse Database during 1999 and 2000 were reported on by health authority area boundaries only. Each health authority area encompassed a number of local unitary authority areas as indicated below:

- Bro Taf Health Authority area encompassed Cardiff, Vale of Glamorgan, Merthyr and Rhondda Cynon Taf local authorities
- Iechyd Morgannwg Health Authority Area covered Bridgend, Neath Port Talbot and Swansea local authorities.

Tables 6 and 7 reproduce selected published data on new cases presenting for treatment that was available in the planning period up to the national roll-out of DTTOs.

Table 6: New cases analysed by selected main drug groups 1999 and 2000 (Bro Taf health authority)

Main drug	Sub-Total		As % of Total of New Cases		Women		Men	
	1999	2000	1999	2000	1999	2000	1999	2000
Cocaine	21	13	2.1	1.2	3	2	18	11
Heroin	237	305	23.7	27.7	60	81	177	224
Stimulants	158	84	15.8	7.6	46	23	112	61
Total new cases			994	959	254	243	690	716

Adapted from University of Manchester Research Unit 1999-2000 p. 27

Table 7: New cases analysed by selected main drug groups 1999 and 2000 (Iechyd Morgannwg health authority)

Main drug	Sub-Total		As % of Total of New Cases		Women		Men	
	1999	2000	1999	2000	1999	2000	1999	2000
Cocaine	8	13	1	1.3	1	5	7	8
Heroin	67	133	8.6	13.7	19	34	48	99
Stimulants	133	92	17	9.5	54	22	79	70
Total new cases			768	964	239	268	529	696

Adapted from University of Manchester Research Unit 1999-2000 p. 28

As can be seen from Table 6 in the Bro Taf health authority boundary area, those agencies who reported into the Welsh Drug Misuse Database saw a 4% increase in the number of new heroin cases presenting for treatment during the year 2000.

In contrast, in the Iechyd Morgannwg health authority boundary area (Table 7), agencies who reported into the Welsh Drug Misuse Database saw a 5% increase in the number of new heroin cases and an increase in the number of persons attending with cocaine problems presenting for treatment during the year 2000.

In attempting to piece together a composite picture of drug misuse within the South Wales area, practical problems were experienced from secondary data sources as stakeholder organisations' data were not collated on co-terminus boundaries and little had been done to identify population needs in the South Wales area at that time. Partnerships that did exist could be seen to be struggling to fulfill the nationally set drugs policy agenda and lacked dedicated workforce skill and time commitment to draw together a local picture.

6.3.1. An additional source of local information examined for this research was the crime audits conducted by local authorities, in partnership with the Welsh Police Forces and the crime and disorder reduction strategies that resulted from these audits. During the summer of 2000, the local crime audits conducted in 1998 by those local authorities within the South Wales Probation area boundary were examined, as they reported on the communities' perceptions of drug misuse, as well as the types of recorded crimes in each area. All identified citizens' concerns, about the social problems they reported to be

experiencing in their communities, which they perceived were caused by drug misuse.

6.3.2. The number of drug offences recorded by police forces in Wales had only been available since April 1998. Records for the first year indicated that there were almost 10,000 individual drug offences in Wales, the majority of which (80%) were for possession of drugs (National Assembly for Wales 2000a).

6.4. Local profiling of drug misuse and associated crime in the South Wales Probation Service offender population

In the Spring of 2000, as has been referred to in 7.2 above, practical constraints were experienced in attempting to identify the local picture of drug misuse from secondary data sources, as there was no agreed and consistency in choice of variables for recording activity across partnership agencies. As the Probation secondary data had to be drawn from the existing recording systems, these data reflected the boundaries of Mid, South and West Glamorgan Probation Services boundary areas.

During the spring of 2000 data were extracted from the Probation Service database (CRAMS) for the period 1 April 1999 – 31 March 2000 in relation to offending behaviour, drug misuse and type of sentence imposed by the courts. The purpose of this exercise was to contextualise the local context of drug misuse within the Probation Service study site, given the problems identified above. These data did not form part of the empirical research, but was subsequently made available to the Probation Service to assist in their planning for the implementation of the DTTOs in South Wales.

In extracting these data, problems of definition arose; some were recorded as **‘drug-related’** while other data were categorized as **‘recorded drug problem’**. The distinction between the two in recording these data would have been subject to variation and were dependent on the skills of the individual probation officer making the assessment. It has been seen in the literature that, in a survey conducted by Nee and Sibbitt (1993), several probation areas reported they had problems in determining the level of probation officers’ skills in identifying and assessing offenders with drug problems. Furthermore, this assessment activity by probation officers had been identified as a crucial activity for delivering drug interventions (DPAS 1999).

Tables 8-13 detail the profile of offences committed and sentences imposed for those categorized as **‘drug-related’**, as extracted from the Probation Service CRAMS database for the period 1 April 1999– 31 March 2000. Attributing the offences as **‘drug-related’** was derived by the probation officer in the course of the probation supervision conducted with the offender. It is important to also note that this dataset may be an under-estimate for drug related crime seen in the Probation Service population at this time, as the data were dependent on accurate recognition by individual probation officers of the presence of drug misuse and subsequently these data entered onto the CRAMS database system.

Mid Glamorgan Probation Service: 1 April 1999- 31 March 2000

Table 8 – Number of types of Offences committed with a drug-related problem

OFFENCE	Number of Offences	%	Number Drug Related	%
Burglary	221	11%	103	18%
Breach	74	4%	24	4%
Criminal Damage	50	2%	14	3%
Death by Dangerous Driving	4	0%	1	0%
Drugs Offence	155	7%	93	17%
Fraud Forgery	102	5%	11	2%
Motor Offence	367	17%	65	12%
Non Criminal Offence	1	0%	0	0%
Other Offence Category	83	4%	5	1%
Public Order Offences	117	6%	27	5%
Robbery	26	1%	9	2%
Sex Offences	44	2%	2	0%
Theft	292	14%	92	16%
Vehicle Theft	155	7%	60	11%
Violence	415	20%	57	10%
Total	2,106	100.00%	563	100.00%

Table 9 Number of types of Sentences with a drug-related problem

SENTENCE	Number of Offences	%	Number Drug Related	%
Probation	539	26%	217	39%
Children & young people (C&YP)	6	0%	1	0%
Combination Order PO	136	7%	46	8%
Combination Order CS	136	7%	9	2%
Community Service Order	496	24%	77	14%
Money Payment Supervision Order (MPSO)	139	7%	3	1%
Suspended Sentence Supervision Order (SSSO)	10	0%	2	0%
Life	5	0%	0	0%
Adult Imprisonment	324	15%	95	17%
VAC	22	1%	8	1%
YOI	293	14%	105	19%
Total	2,106	100.00%	563	100.00%

Mid Glamorgan Probation Service CRAMS database.
Data rounded to nearest %.

South Glamorgan Probation Service: 1 April 1999- 31 March 2000

Table 10 Number of types of Offences committed with a drug-related problem

OFFENCE	Number of Offences	%	Number Drug Related	%
Burglary	246	12%	84	18%
Breach	0	0%	0	0%
Criminal Damage	26	1%	2	0%
Death by Dangerous Driving	7	0%	2	0%
Drugs Offence	161	7%	71	15%
Fraud Forgery	98	4%	22	5%
Motor Offence	563	25%	65	14%
Non Criminal Offence	109	5%	16	3%
Other Offence Category	283	13%	51	11%
Public Order Offences	52	2%	11	2%
Robbery	39	2%	2	0%
Sex Offences	305	14%	79	17%
Theft	33	2%	2	0%
Vehicle Theft	305	14%	41	9%
Violence	0	0%	26	6%
Total	2,227	100.00%	474	100.00%

Table 11 Number of types of Sentences with a drug-related problem

SENTENCE	Number of Offences	%	Number Drug Related	%
Probation	695	29%	190	40%
C&YP	51	2%	10	2%
Combination Order PO	171	7%	39	8%
Combination Order CS	173	7%	11	2%
Community Service Order	574	24%	39	8%
MPSO	25	1%	2	0%
SSSO	21	0%	6	1%
Life	9	0%	2	0%
Adult Imprisonment	334	14%	85	18%
VAC	8	0%	2	0%
YOI	307	13%	88	19%
Total	2,368	100.00%	474	100.00%

South Glamorgan Probation Service CRAMS database.
Data rounded to nearest %.

West Glamorgan Probation Service: 1 April 1999- 31 March 2000

Table 12 - : Number of types of Offences committed with a drug-related problem

OFFENCE	Number of Events	%	Number Drug Related	%
Burglary	144	8%	34	12%
Breach	139	8%	21	8%
Criminal Damage	40	2%	11	4%
Death by Dangerous Driving	3	0%	0	0%
Drugs Offence	125	7%	48	16%
Fraud Forgery	55	3%	5	2%
Motor Offence	474	28%	66	22%
Non Criminal Offence	0	0%	0	0%
Other Offence Category	263	15%	45	15%
Public Order Offences	0	0.0%	0	0%
Robbery	25	1%	2	1%
Sex Offences	20	1%	2	1%
Theft	176	10%	38	13%
Vehicle Theft	54	3%	4	1%
Violence	195	11%	20	7%
Total	1,713	100.00%	296	100.00%

Table 13. Number of types of Sentences with a drug-related problem

SENTENCE	Number of Events	%	Number Drug Related	%
Probation	578	34%	162	55%
C&YP		0%	0	0%
Combination Order PO	110	6%	32	11%
Combination Order CS	111	7%	5	2%
Community Service Order	485	28%	35	12%
MPSO	13	1%	3	1%
SSSO	7	0%	2	1%
Life	3	0%	0	0%
Adult Imprisonment	272	16%	37	13%
VAC	1	0%	0	0%
YOI	133	8%	20	7%
Total	1,713	100.00%	296	100.00%

West Glamorgan Probation Service CRAMS database.
Data rounded to nearest %.

**Mid, West and South Glamorgan Probation Services:
1 April 1999- 31 March 2000**

**Table 14 - : Number of types of Offences committed with a recorded drug problem
1 April 1999-March 2000 combined**

OFFENCE	Glamorgan			
	Mid	South	West	TOTAL
Burglary	103	84	34	221
Breach	24	0	21	45
Criminal Damage	14	2	11	27
Death by Dangerous Driving	1	2	0	3
Drugs Offence	93	71	48	212
Fraud Forgery	11	22	5	38
Motor Offence	65	65	66	196
Non Criminal Offence	0	16	0	16
Other Offence Category	5	51	45	101
Public Order Offences	27	11	0	38
Robbery	9	2	2	13
Sex Offences	2	79	2	83
Theft	92	2	38	132
Vehicle Theft	60	41	4	105
Violence	57	26	20	103
Total	563	474	296	1,333

Table 15: Number of types of Sentences with a recorded drug problem 1 April 1999-March 2000 combined

SENTENCE	Glamorgan			
	Mid	South	West	TOTAL
Probation	217	190	162	569
C&YP	1	10	0	11
Combination Order PO	46	39	32	117
Combination Order CS	9	11	5	25
Community Service Order	77	39	35	151
MPSO	3	2	3	8
SSSO	2	6	2	10
Life	0	2	0	2
Adult Imprisonment	95	85	37	217
VAC	8	2	0	10
YOI	20	88	0	213
Total	131	474	108	1,333

Mid, West and South Glamorgan Probation Services CRAMS database.

Summary analysis of these data in Tables 8-13 indicated:

1. for the former Mid Glamorgan Probation Service area, apart from offences which were directly attributed to the possession or supply of illegal drugs (17%), those offences most frequently classified as drug-related were:

- Burglary (18%)
- Theft (16%)
- Motoring offences (12%),

with the largest percentage of sentences imposed and categorized as drug-related

- Probation Orders (39%)
- Custody in Young Offenders Institutions (19%)
- Adult imprisonment (17%);

2. for the former South Glamorgan Probation Service area, apart from offences which were directly attributed to the possession or supply of illegal drugs (15%), those offences most frequently attributed as drug-related were:

- Burglary (18%)
- Sex offences (17%)
- Motoring offences (14%)

with the largest percentage of sentences imposed and categorized as drug-related

- Probation Orders (40%)
- Custody in Young Offenders Institutions (19%)
- Adult imprisonment (18%);

3. for the former West Glamorgan Probation Service area, apart from offences which were directly attributed to the possession or supply of illegal drugs (16%), those offences most frequently attributed as drug-related were:

- Motoring offences (22%)
- Other offence category (15%) (not specified)
- Theft (13%)

with the largest percentage of sentences imposed and categorized as drug-related

- Probation Orders (55%)
- Adult imprisonment (13%)
- Community service (12%).

What is interesting to note from this analysis is, that before the introduction of DTTOs as an additional community sentencing option, Probation Orders were already the most frequently imposed sentences for offences where drug misuse had been identified as a contributory factor. Worthy of further note was the finding that custodial sentences were frequently used for Young Offenders, where offences were categorized as drug-related. Clearly these data were not sophisticated enough to make a judgment on the appropriateness of this against the evidence base, and, it has to be acknowledged, were historical in nature. However, it has to raise questions which are worthy of further exploration into the way that young offenders with drug problems are dealt with in the criminal justice system. Of further interest, which arose from the data for South Glamorgan, was the finding for sex workers, which might be attributable to the recognition of the capital city's active sex industry, confirmed by the setting up in the

city of a specialist drugs clinic dedicated to sex workers.

As, has been explained above, two datasets referenced drug problems on the CRAMS system. Following discussion with Probation managers and staff to understand the way these data of **‘recorded drug problems’** were categorised, it became apparent that this dataset was used to record those offenders with a serious dependent drug problem, as distinct from those who used drugs on a recreational basis and whose offending behaviour was not significantly associated with illegal drug misuse. Tables 14 and 15 illustrate the findings from the analysis of those data categorised as **‘recorded drug-problems’**. The summary analysis from Tables 14 and 15 has indicated that similar pattern of offences for recorded drug problems were seen, motoring and theft related, however, that violent offences were more common in this cohort of offenders. Probation orders continued to be the most frequently utilised sentencing option.

This analysis has concluded that dealing with drug offenders via a community sentencing option in South Wales was not new to the DTTOs, as a significant proportion were already being supervised in this way. What may be in doubt was the level of treatment support and intervention afforded to these offenders to address their drug problems. The ability to establish partnership arrangements by funding voluntary sector drug agencies to work with probation supervised offenders was an option seen with South Wales, but the extent to which a structured approach to tackling drug misuse and crime and the robustness of these relationships were variable and not of the standing of those required to implement the treatment aspects of DTTOs.

6.5. Determining the policy target audience in the South Wales Probation Service area.

In addition to understanding the nature of drug misuse within the South Wales area, as has been identified, the analysis undertaken and reported above also contributed to the local planning stage for the national roll-out of DTTOs. Home Office guidance had been issued in June 2000 on which drug using offenders the Order should target (Home Office Criminal Policy Group Circular 2000a). This guidance specified that:

- the main aim of DTTOs was to reduce re-offending; and
- those committing high levels of acquisitive crime to support their habit would form the core of the DTTOs target group.

The guidance went on to advise that the main factors to be taken into consideration in determining the target audience for the Order were:

- dependence on drugs
- seriousness of the offence(s)
- offender's motivation for treatment; and
- volume of offending.

In addition it also recommended that the following determinants of outcomes be considered in the process of targeting:

- Age of offender;
younger persons were more likely to be at an early stage in their drug taking career and therefore less likely to be motivated to change. Other types of interventions were considered to be more suitable for this younger age group. It

was suggested that DTTOs were targeted at those aged mid-twenties onwards.

- Length of time involved in drug misuse;
those involved for a short duration were less likely to be motivated. It was suggested that persons with a two or more year history of serious drug misuse were targeted.
- Type of drugs of misuse;
it was recommended that the orders were targeted at those offenders who reported heroin, cocaine or amphetamine as their main drug of choice, although it acknowledged that many offenders misused a variety of other substances as well (polydrug misuse), which would require concurrent treatment interventions.
- Types of offences most commonly associated with drug misuse;
the following offence categories were recommended for targeting:
 - burglaries
 - theft
 - drug offences
 - motor offences.
- Stable accommodation;
this was stated as a priority need that should be addressed very early on in the assessment process. Failure to attain secure and appropriate accommodation from the early stages was anticipated to have a likely negative impact on achieving progress in the order.
- Supportive significant other;

this was suggested as a relative, partner or friend but this person must not themselves be involved in drug taking.

Estimating the potential numbers of offenders likely to be eligible for DTTOs in South Wales was a formidable challenge, due to the nature of the data variables required, as indicated above from the Home Office guidance on selection criteria. The problems in data recording on drug misuse have already been rehearsed. As this research study was not a detailed exercise in estimating prevalence rates, the approach adopted for estimating the numbers, involved utilising the data on '**recorded drug problems**', disaggregated for adult and young offenders. The databases were interrogated further to test the reliability of the data set to determine the numbers of offenders with a recorded drug problem who misused heroin, amphetamine or cocaine as a main drug and to determine how many were injecting drug users. Further problems with the reliability of the data were identified at this stage. Problems were twofold:

- data were not recorded by probation staff
- data were not disclosed by offenders.

Therefore it was clear that these data sets alone could not be used to estimate the potential numbers of offenders for DTTOs. Instead, the literature was searched to identify approaches to formulating planning assumptions on drug misuse. This determined that the problems experienced locally were common to other areas and that a clear methodology had not emerged for this purpose.

The Home Office Drug Prevention Advisory Service (DPAS 1999) acknowledged the

view postulated by Edmunds et al, (1998) that only a small proportion of the total drug using population developed serious problems associated with drug misuse. On the basis of extrapolations from the Home Office Addicts Index (Home Office, 1997) and the British Crime Surveys, DPAS (1999) it was estimated that that there were three times the numbers of problem drug misusers than were notified to the Home Office Addicts Index and that around 3% of those who misused drugs each year were problem drug misusers who would benefit from treatment. On the basis that no clear approach had been seen elsewhere in the literature the Home Office and DPAS formula was applied to the local context.

The Probation database was further interrogated to extrapolate the numbers of adult and young offenders with a recorded drug problem across a selection of sentencing options for the period 1 April 1999 – 31 March 2000. The data were analysed on Mid, West and South Glamorgan Probation areas, (Table 16) and further broken down to the new local area sub-divisions for the post April 2001 Probation Services boundary re-organisation (Table 17).

The assumption of a three-fold under-reporting to the Probation database was applied to those numbers and the 3% assumption of problem drug misuse applied to this estimated total Probation drug misusing population. The results are shown in Tables 16 and 17.

Table 16: First year estimate of Potential Numbers of DTTOs

SENTENCE	Glamorgan					TOTAL
	Mid		South	West		
	Bridgend	RCT & Merthyr	Cardiff & Vale	Neath/ Port Talbot	Swansea	
Probation	55	162	190	53	109	569
Combination Order PO	13	33	39	13	19	117
Community Service Order	17	60	39	35	0	151
SSSO	1	1	6	0	2	10
Adult Imprisonment	22	73	85	0	37	217
Total Relevant Adults	108	329	359	101	167	1,064
YOI	20	85	88	0	20	213
Total Relevant Young Offenders	20	85	88	0	20	213
<i>Uplift for 300% Under Reported</i>						
Adults	324	987	1077	303	501	3192
Young Offenders	60	255	264	0	60	639
<i>Assume 3% Serious Drug Problems who would Benefit from Treatment</i>						
Adults	10	30	32	9	15	96
Young Offenders	2	8	8	0	2	20

Table 17: Analysis by New Sub Divisions post 1 April 2001 Probation Service re-organisation

SENTENCE	Bridgend, Neath/Port Talbot	Cardiff & Vale	RCT & Merthyr	Swansea	Total
Death by Dangerous Driving	108	190	162	109	569
Fraud Forgery	26	39	33	19	117
Non Criminal Offence	52	39	60	0	151
Public Order Offences	1	6	1	2	10
Sex Offences	22	85	73	37	217
Total Relevant Adults	209	359	329	167	1,064
Vehicle Theft	20	88	85	20	213
Total Relevant Young Offenders	20	88	85	20	213
<i>Uplift for 300% Under Reported</i>					
Adults	627	1,077	987	501	3,192
Young Offenders	60	264	255	60	639
<i>Assume 3% Serious Drug Problems who would Benefit from Treatment</i>					
Adults	19	32	30	15	96
Young Offenders	2	8	8	2	20

In summary, this analysis has estimated that across the South Wales Probation Service area, just over 100 DTTOs commencements could be anticipated for the first year in which they would be available, approximately the same number as was suggested should be achievable from the combined figures of the three pilot sites (Turnbull 1999). Turnbull (1999) had indicated that start up in the pilots had been slow and consequently, this figure might not be realised within the first year.

While this analysis was an attempt to understand the likely demand for DTTOs, limitations imposed by the data were substantial. In terms of actual numbers issued with

these Orders, these were dependent on recommendations being made to the Court, offender agreement to the Order and subsequent Court sentencing to this option. Furthermore, it was not possible to ascertain from the database, how many offenders would have met the criteria suggested by Home Office guidance (Home Office Criminal Policy Group Circular 2000a), nor how rigidly these would be adhered to. Therefore, it is fair to conclude that the number estimated could only be considered 'a best guesstimate'.

6. 6. Understanding risk taking behaviour.

Since the time that the fieldwork for this study was conducted, the body of knowledge on risk taking and protective factors for drug misuse has developed significantly. The most recent evidence is précised at this point to assist in understanding the diverse context within which drug misuse occurs and the difficulties experienced to date in identifying and targeting those at risk and in understanding why and how some individuals desist drugs.

Brown (2007), in a report on Home Office commissioned research that had explored methods of identifying groups and individuals 'at risk' of drug misuse, identified that although there was a significant amount of research into factors that may predict such behaviour, as yet, no definitive list had been agreed by the research community. However, she suggested that there was a general agreement that it was not the case that one factor predisposed an individual to drug misuse, rather, an interplay of multiple risk factors could be seen to contribute to the decision to take drugs; furthermore, the more

risk factors, the greater the likelihood of drug misuse. The research, to which Brown referred, also sought to identify protective factors, but it recognised that complex interactions between risks and protective factors, individuals and their decision making, were at play. The evidence pointed to associations between diverse groups of risk factors in young people.

The most extensive and consistent evidence on factors associated with increased risk of illicit drug use in young people related to young people's interaction with their families. Key predictors of drug use identified through a systematic literature review (Frischer et al 2007) were parental discipline, family cohesion and parental monitoring. Some aspects of family structure, such as large family size, and low parental age, were linked to adolescent drug misuse. There was also consistent evidence linking peer drug misuse and drug availability to adolescent drug misuse, and young drug users consistently reported getting intoxicated and seeking relief from negative mood states, as reasons for their drug use.

Table 18: Potential Development Framework for Risk Factors for Drug Use among Young People

(dark shading indicates a relatively strong factor; light shading indicates a relatively weaker factor)

Age	Categories of Risk and Protective Factors for Drug Use among Young People									
	Environment ¹	Genetic	Family ² Experience	School ³	Friends ⁴	Psychological ⁵ Traits	Reasons for drug use ⁶	Socio Economic ⁷	Early Licit Use ⁸	Protective Factors ⁹
Minus nine months										
Birth										
Infancy (0-2)										
Early Childhood (3-8)										
Middle Childhood (9-11)										
Adolescence (12-18)										

Frischer et al (2007) p 2

¹ Maternal smoking, maternal drug use

² Parental discipline, family cohesion, parental substance use, parental monitoring, sibling drug use, early life trauma

³ Truancy, educational attainment, problems at school, school rules

⁴ Friends' drug use, friends anti-social behaviour

⁵ Low self-esteem, hedonism, attention deficit hyperactivity disorder, phobias, depression, anxiety, aggressive behaviour to solve problems

⁶ Get intoxicated, escape from negative moods

⁷ Low household income, lack of neighbourhood amenities

⁸ Early onset of smoking (age 11) and drinking (age 12)

⁹ There may be a range of additional protective factors such as negative consequences of drug taking, do not consider drugs as part of lifestyle, not being exposed to drugs, adherence to conventional values, involvement in religious or sporting activities, strategies for resisting pressures to use drugs, positive future plans.

Overall Brown (2007) concluded that the ratio of risk to protection may be more important than any individual factor, and that resilience to drug misuse was enhanced by increasing social skills, social attachments and material resources, despite constant exposure to known risk factors. The contribution from qualitative research, she further concluded, had shown that the context in which young people experienced drugs, was crucial for understanding how risk and protective factors operated in relation to experimental and sustained drug use. The distinction between early and late onset risk factors was seen as important as preventive measures would need a specific focus allied to particular age groups.

Much of the current knowledge about risk and protective factors seen in the literature, argued Frischer et al (2007), was not yet available in a form that would permit the calculation of the effect of reducing exposure to these risks (or enhancing protective factors), identified above, even if it were possible to modify the exposure. Where evidence did exist, it indicated that risk and predictive factors were context dependent and operated on people taking drugs for disparate reasons. These issues are further discussed in Chapter Eight in the context of this study.

Chapter Seven

Findings: the evaluation criteria and stakeholders' perspectives on the Drug

Treatment and Testing Orders

7.1. The Stakeholder evaluation criteria

The development of local stakeholder criteria, upon which to base the evaluation of the DTTO policy, was one of the objectives in this study. The arguments previously presented, in Chapter Four, by Delbecq et al 1975; Rowe 1994; Jones and Hunter 1995 and Murphy et al 1998, all noted that heterogeneous panels drawn from varied backgrounds ensured that no particular interest or preconceived opinion was likely to dominate and therefore could lead to better performance. This diversity of panel membership was also important to reflect the complexity, diversity and cross-cutting nature of the policy. The multi-organisational stakeholders were viewed to be representative of a forum of lobbyists, advocating on behalf of their organisational remits and accountabilities, in the analysis of the policy issues (Rauch 1979).

The methodological approaches adopted in this study have already been presented, as have the national arrangements for piloting these proposals and the findings from the national evaluations. Content revisions were made to the briefing paper (Appendix 4) and the interview question was refined. The pilot study also assisted in testing the approach to the degree of importance and consensus using the measures of median and inter-quartile range, to determine the evaluation criteria. Two ranking rounds were

conducted and concluded that the approach had been successful in testing out the application of the modified Delphi technique and the approach to determining how consensus could be achieved.

In the spring of 2000 an expert panel of twelve Welsh organisational stakeholders was selected, utilising the criteria reported in Chapter Four 6.1, as participants on the panel to represent the broad range of expert organisational stakeholder perspectives. The composition of the panel was as follows:

- Chief Probation Officer
- Chief Executive NHS Trust provider
- Health Commissioner
- Assistant Chief Constable
- General Practitioner
- Consultant in Substance Misuse
- Director of Social Services
- Manager of a Voluntary Drug and Alcohol Service
- Drug and Alcohol Counsellor
- Drug and Alcohol Action Team Chair (Local Authority Officer)
- Professional Officer Welsh Drug and Alcohol Unit
- Magistrate.

It was acknowledged that varying levels of knowledge of the policy proposals were likely amongst panel experts, as panel members were selected to represent the various vested stakeholder interests rather than on their knowledge of the specific proposals. To

ensure that all expert panel members were aware of the proposals, a short factual briefing paper outlining the proposals was prepared and sent to all expert panel members in advance of their face-to-face interview. The rationale for a derivation from the normal processes of Delphi and for adopting a modified approach has been argued in Chapter Four. The interviews were content analysed and the ranking process planned via structured postal questionnaire. Attrition rates were monitored to reduce response bias.

7.1.1. The Expert Stakeholder Panel and the modified Delphi technique

Unstructured individual face-to-face interviews were administered in the summer of 2000 on the basis of asking panel members just one interview question:

- what, from their expert opinion, were the issues in the introduction of the DTTOs that they would want to see included in evaluating this public policy initiative.

Content analysis and clustering of responses into themes were the first step and these were subsequently classified into evaluation criteria as informed by the literature in Chapter Four (2.1). These criteria were then sent to the expert panel members by means of a postal questionnaire for individual ranking in priority order and for assessment of the degree of importance, (this latter assessment as a validation of response check to the priority ranking), to determine if stakeholder consensus could be reached on the criteria to be utilised to judge the success or otherwise of this public policy initiative. Two criteria ranking rounds were undertaken and the attrition rate was zero.

7.1.2. The evaluation criteria

The approach sought to address the degree of consensus by looking at the variation as measured by standard deviation and inter-quartile range. To assess if consensus had been reached, responses were entered into an Excel spreadsheet and the measures of median and inter-quartile range (IQR) calculated to indicate where convergence of opinion occurred, and where dissensus arose. The median value was utilised as the distribution of scores were not normal.

It is important to re-emphasise that in interpreting Tables 19 and 20 to recall that the ranking was undertaken on the basis of importance: 1 = the most important and 7 = the least important. A copy of the ranking tool is included at Appendix 1.

Table 19: Stakeholder Panel criteria ranking - round 1.

Measure	Efficiency	Effectiveness	Organisational processes	Accountability in the local process	Accountability to the policy	Equity	Access
	1	2	6	4	7	3	5
	4	3	5	2	1	6	7
	4	1	3	5	2	7	6
	2	1	3	4	5	6	7
	5	4	6	3	7	2	1
	1	4	5	6	7	3	2
	6	7	3	5	2	1	4
	7	1	2	5	6	4	3
	5	1	4	6	7	2	3
	4	1	5	6	7	2	3
	3	1	2	4	5	6	7
	5	2	1	4	7	3	6
Median ranking	4	1.5	3.5	4.5	6.5	3	4.5
Inter-quartile Range	2.25	2.5	2.25	1.5	2.75	4	3.5

As can be seen in Table 19 above, in the first ranking round one criterion stood out as being considered important – that of effectiveness - with a median value of 1.5 and, in

addition, having a reasonable degree of consensus around this ranking with an IQR of 2.5:

- *effectiveness of intervention* - the achievement of stated treatment objectives

A second ranking round was conducted omitting this criterion.

It can be seen from this second ranking round (Table 20) that three of the six criteria had a high degree of importance, based on median values, with reasonable levels of consensus – as expressed by IQR:

- *efficiency* - the ratio of benefits (either in terms of outputs or outcomes) to costs
- *effective organisational processes* - the structuring of organisational processes to secure the achievement of stated objectives
- *accountability in the local process* - who is accountable for what and how locally.

Table 20: Stakeholder Panel criteria ranking - round 2.

Measure	Efficiency	Organisational Processes	Accountability in the local process	Accountability to the policy	Equity	Access
	3	1	2	6	4	5
	1	2	3	5	4	6
	4	3	1	2	5	6
	2	1	3	6	4	5
	2	1	3	6	4	5
	4	3	5	1	6	2
	1	2	4	6	3	5
	3	2	1	4	6	5
	4	2	1	6	5	3
	3	1	2	4	6	5
	4	2	1	6	5	3
	1	2	4	3	5	3
Median ranking	3	2	2.5	5.5	5	5
Inter-quartile Range	2.25	1	2.25	2.25	1.25	2

These criteria were utilised in the design of the interview schedules for use with front-line policy implementers and offenders sentenced to the Order. These offenders, it is

argued, were also significant stakeholders in the policy process, while the interview schedules needed to both capture the diversity of views and be specific to the nature of the relationship that each interviewee had with the policy implementation process. Copies of the interview schedules are contained in Appendices 5-9.

In comparing these stakeholder derived criteria with those that emerged in the literature, it can be seen that the two criteria 'effectiveness' and 'efficiency' were replications as advocated by a number of commentators (Maxwell 1984; NHS Executive 1999 and Palfrey et al 2004). What has emerged in this study was the desire to include in the evaluation a criterion of 'effective organisational processes' to reflect the complexity and diversity of organisations' involvement in the policy at local implementation.

Of further interest in these ranking results is the finding that the issue of fidelity to the national policy (accountability to the policy) was not considered important nor was equity and access. It might be argued that the policy was in fact not equitable in that it sought to positively discriminate for offenders in the criminal justice system. Furthermore, surprisingly, the criterion of access, although a key objective in the UK Government's ten-year drug strategy (UKADCU 1998) did not rank highly on degree of importance.

The sections that follow report on the findings from the application of these four criteria derived from the expert organisational stakeholder panel.

7.2. The Perspectives of Front-line policy implementers

This section reports on the interview findings with front-line staff from services with responsibility (and accountability) to deliver the DTTO policy. The findings have been categorised according to the evaluation criteria. The interview schedules (appendices 6-9) were designed to capture data as informed by the literature reviewed in this study and the stakeholder derived criteria and, as the delivery of these Orders involved a plurality of providers, the schedules were designed to capture both common aspects and agency specific issues as they related to the individual agencies. Interviews took on average one hour and an opportunity was afforded, at the end of the interviews, for respondents to consider whether the issues that were relevant to them had been captured during the interviews. Section 7.4 reports on the additional comments made by respondents.

Interviews were tape recorded and transcribed by myself. The content analysis was executed to identify key themes that emerged from the interviews, some of which represent individual perspectives, rather than organisational stances and furthermore, some views were not capable of verification by data triangulation, due to the risks that could arise in so doing by attributing statements to individuals, with the resultant breach of confidentiality that could ensue. Where quotations are non-attributed, this is to protect a respondent's identity. Some limitations were therefore imposed and a degree of caution in interpreting these findings is advised. Sub-sections have been omitted from the criteria headings where specific issues relating to the policy implementation were not raised during the conduct of the interviews.

7.2.1. Effectiveness of intervention

Treatment.

The main contribution that treatment services made to tackle the problems of serious drug misuse was identified by a number of respondents as ‘substitute prescribing for drugs of addiction’. However, securing staff to undertake the prescribing activity required, had proved somewhat problematic, as the service struggled to recruit medical staff (GPs): some offices were without medical cover for long periods of time. The service had agreed on a protocol for prescribing that was linked to the requirement for testing. However, the service reported that it was not able to write prescriptions for substitute drugs using the same documentation (commonly known as FP10s) that NHS commissioned GPs used for NHS patients. This was a complication that arose as the drug treatment service provider was a non-NHS agency and formally contracted to the South Wales Probation Service to provide the drug treatment service. The service circumvented this problem by issuing private prescriptions, the costs from which were picked up by the drug treatment provider, but this had a financial consequence that had not been anticipated at the time of the tender submission.

In considering the wider aspects of drug treatment, the implementation process reportedly struggled early on to formalise and agree on a treatment programme that constituted more than just substitute prescribing and urine testing. A number of respondents from both probation and the treatment services were able to list a range of services, including liaison services, such as community pharmacy support, that could be offered to offenders on the DTTOs. Respondents confirmed that a structured treatment

programme was lacking, an issue that flew in the face of the evidence base that emerged from the pilot sites evaluation (Turnbull 1999); respondents justifying this lack of structure as:

“we try and put in place services to respond to an individual’s need”

Drug treatment worker.

However, another respondent was more forthright, commenting:

“we had to invent it (*the treatment programme*) as we went along”

Drug treatment worker.

Some probation respondents were critical of the lack of specification on treatment models to be used in the contract issued to the Drug Treatment provider by the Probation Service, and saw this as a serious weakness.

This lack of an agreed, formalised structured programme was also seen to be in part responsible for what was described as a lack of cohesion, inconsistencies in approach and difficult relationships *between* the four local area DTTO offices. Some particular inconsistencies that were cause for concern related to offender behaviour, an illustration provided was:

“offenders are allowed to get away with some things in one area which would not be tolerated in another”

Probation worker.

These problems were reported despite mandatory induction training and fortnightly supervision being in place. Some three and a half years into implementation it was reported that this was now being addressed.

A trend that one respondent reported to have noted was that heroin misusers seemed to show positive urine test results for cocaine (not previously seen) at around the six-month period into the DTTO.

The implementation of the National Probation Service Offender Substance Abuse Programme (OSAP), from June 2004, was perceived by respondents as being a positive step forward in providing a structured programme for offenders on community sentences (not just those on DTTOs). However, this was some three years after the implementation of the DTTOs and was only a programme of three months duration, whereas the duration of a DTTO could be from six months to four years. It could therefore be argued that it is questionable whether the focus of the OSAP programme, with its mixed economy of drug misusing offenders, could be of sufficient therapeutic intensity to meet the needs of the most serious drug misusers, the focus of the DTTOs. It was reported by those interviewed that out of a cohort of 13 completions on the first OSAP course in June 2004, 11 had been sentenced to DTTOs.

It had been reported that relationships with other local drug treatment agencies had originally been strained, due to the perspective held that this policy initiative could be seen to encourage drug users to commit offences to gain swifter access to drug treatment than was available locally to other members of the public – the issue of queue jumping and NHS waiting times for drug treatment. Relationships, some four years on, were reported by the DTTO treatment service respondents interviewed in this study to have improved in some localities; and where problems remained, it was the opinion of those respondents that this was due to the perception that the DTTOs service provider was in

competition with locally-grown drug agencies for access to Welsh Assembly Government and other related drug treatment funding streams.

The lack of structured professional clinical support for the GP from specialist substance misuse medical professionals was raised during the interviews by a number of probation and drug treatment respondents who identified it as a significant weakness. Concerns were expressed about a lack of robust, systematic clinical governance arrangements, which were seen to apply for the statutory sector drug treatment sector. It was surprising to find therefore in this study that services developed for serious drug misusers, where the first rank treatment for addiction is recognised as substitute prescribing, had failed corporately to address these issues. Such a finding, it is argued, suggests that if more services are to be provided from a mixed economy of service providers, and increasingly the voluntary sector, issues of corporate responsibility to ensure clinical governance must be addressed, first and foremost for reasons of public safety. Furthermore, it could be argued here that requiring higher standards from statutory sector providers, than from other sectors, is disadvantageous, particularly when contracting is based on competitive bidding processes.

A recurrent issue that was raised by respondents related to the lack of aftercare in drug treatment and support services for offenders who had completed their DTTOs. Many respondents felt that the NHS was likely to fail to accept 'transfer of care arrangements' (particularly if the case arose that continued substitute prescribing would be necessary) but, as this situation had not arisen locally at the time of these interviews, there was no

evidence of this. However, offenders were informed of contact details for voluntary drug treatment and support agencies in their area that they could approach. These criticisms therefore appeared to be targeted at a lack of **formalisation** in arrangements for transfer of care following completion of a DTTO, where on-going needs had been identified.

The original policy concept was predicated on an assumption of inter-service co-operation and co-ownership of the policy objectives of DTTOs. Respondents recognised this feature of the policy that offenders would be case-managed into universal services, but expressed frustrations at the barriers they experienced in making this happen, and the lack of offenders' motivation to play their part in setting the wheels in motion to get their needs for services met. One respondent summed up the situation as they saw it:

“The sad thing is that all these services are on offer but without taking offenders by the hand and taking them there they don't access them and if not part of their DTTO hours they don't do it”

Probation worker.

When respondents were asked to consider what the reasons were for offenders failing to complete or comply with the DTTOs, they generally recognised that the lifestyle changes required in the programme were significant and hard to achieve, particularly so when it was not in the interest of offenders' drug dealers that they reduce or cease their drug use. Furthermore, drug misusers' peer networks were seen to revolve around other drug misusers, an issue that was recognised in the broad range of literature reviewed, and led to advice that peer networks would need to change if offenders were to effect sustainable change in their drug taking and criminogenic behaviours (Turnbull 1999; 2000). Other contributions highlighted that many lacked coping skills and their ability to deal with everyday crises was not well developed. One respondent offered:

“Some never get off the ground. After about four months the wheels come off the wagon”.

Identification and assessment of offenders

The process of identifying the candidates with potential for sentencing to a DTTO generally fell to the Court and probation officers at the Pre-Sentence Report stage, where a screening document was used. If the offender was screened as suitable for consideration, a full assessment was then undertaken, jointly by a probation officer and drug worker from the DTTO Team. A deferment in the Court for an assessment to take place meant that these assessments had to be completed within a strict timescale to avoid wasting Court time. Verification of drugs of misuse and consistency in the drug history given by the offender were reported to be important aspects of the assessment process, to ensure that the DTTOs were targeted to those drugs of misuse as identified in Home Office guidance (Home Office Criminal Policy Group Circular 2000a 43/00 {Rev}). One respondent reported that the service had been seeing more primary amphetamine misusers over more recent times as, in the past; heroin had been the predominant primary drug of misuse seen within the cohort of DTTO offenders.

In considering what other disposals were available to the Court should a DTTO not be recommended for consideration, it was reported that Probation Orders and attendance at the accredited OSAP programme were alternative community sentences, while a custodial sentence could also be imposed by the Court.

A recurrent theme that emerged from respondents from the treatment service was the concern that the requirement to comply with the Court timetable, in conducting assessments, compromised their ability to provide quality input into the treatment aspects of the DTTO. It is recognised that this factor was difficult to plan for, but could be argued to represent a threat to the policy intention if treatment quality was compromised.

The testing component of the DTTO

As reported earlier in this section, the issuing of substitute prescriptions had been made contingent upon an offender supplying regular urine specimens to test for the presence of illegal drugs. This was formalised in a written procedure and was a task generally conducted by drug treatment staff, with probation officers' involvement only in exceptional circumstances, when Court attendance was imminent and drug treatment staff unavailable. Two important considerations were reported in securing these specimens; the ability to secure unadulterated urine and issues of 'chain of custody' of the urine specimen. Both these aspects were reported to have been the subject of some focus during the mandatory staff induction programme and to be included in the written procedure.

No significant problems or issues were reported in undertaking this aspect of the DTTO.

Confidentiality and the monitoring of the DTTOs

Once an offender agreed to be sentenced to the DTTO, a confidentiality agreement was signed by the offender and case manager, which authorised the sharing of information with members of the DTTO team. However, some respondents pointed out that this agreement failed to specify the sharing of urine test results, which were entered onto the Probation database (CRAMS). This, it is suggested, raised questions about the extent to which the DTTO data-housing and sharing of information arrangements complied with Caldicott requirements on patient identifiable information (Department of Health 1998b; Welsh Health Circulars 1999 and 2003). Within the NHS, sharing of patient identifiable information is bounded by strict administrative requirements, and guidance identified above has been produced in relation to social care. However, as the drug treatment service provider was not an NHS organisation and the GP was employed on a sessional basis, it is concluded that the question of corporate responsibility for ensuring compliance was unclear at this time.

Problems with uniformity of reporting in monitoring the offenders' progress was also an issue raised by respondents, and confirmed in the small sample of case-files examined. Although managerial agreement had been reached for the drug treatment provider to have access to the Probation Service database, front-line workers were not reported to action this in practice. This would appear to be a significant finding, as it was reported that Court reports were written by Probation Officers from secondary data sources. One-to-one meetings with offenders in preparation for writing these reports were not common practice. The case-file analysis conducted in this study at one local Area office,

showed up significant weaknesses in the quality of case recording and monitoring of offenders' progress in the treatment programmes. It was therefore difficult to see how evidence based Court reports could have been derived from these secondary data sources. This issue of variability in the quality of Court reports was one which sentencers had raised in the past with the service managers, but was, at the time of these interviews, reported to have improved.

One or more DTTOs?

One of the areas of interest that arose in this study, and shown through the literature on drug treatment previously reviewed, has been the change process of addiction and the acknowledged relapsing nature of drug misuse – did offenders have a 'one and only chance' to comply with a DTTO? There was no evidence seen or reported that the service operated a 'one strike and you're out' philosophy. Indeed in the interview with a sentencer, while it was acknowledged that the primary aim was cessation of drug misuse, the reality of making such life changes and the challenges imposed for offenders were recognised and could be accommodated by concurrent and subsequent DTTOs. Generally DTTOs of twelve months duration were the norm and those who had failed to stay the duration of the DTTO on a previous occasion(s) were not automatically excluded from this as a future or concurrent sentencing option

The ethos of treatment philosophy within the context of Court Ordered Treatment.

Treatment staff commented that the service philosophy was one that aimed to reduce the harms associated with drug misuse, which they considered appropriate given the serious

nature of drug misuse seen in this cohort of offenders. However, it was difficult to see how this ambition could be realised in the absence of a structured treatment programme, as pointed out in 7.2.1, and identified as one of the eight key areas for national roll-out that emerged from the interim evaluation findings of the pilot studies (Turnbull 1999). Furthermore, it is suggested in this study, that this lack of an agreed, structured programme may have been a contributory factor in the lack of cohesion, inconsistencies in approach and difficult relationships *between* the four local area DTTO offices. Problems were also encountered in each agency's understanding and practical application of case management. It took some time to come to an agreement on formalising the approach but it was reported that progress was now being made in this area.

Although the primary aim of the DTTO was acknowledged to be cessation of drug misuse and offending behaviour, a much more realistic perspective was reported to have emerged, even among sentencers, that focused on the aim of *reduced* drug misuse and offending.

Balancing coercion with enhancing motivation.

Staff from both probation and treatment acknowledged that they faced challenges to balance the DTTO requirements for compliance, with the need to enhance offender motivation, as they made progress through the DTTO, and in making judgements when and how breaches should be handled and punitive action instigated via the Court. Some concerns were expressed about the strength of the evidence base presented to the Court

during breach proceedings and the degree of evidence that could stand up to contestability by a defendant's legal defence during these proceedings, particularly so in light of the evidence base that drug misuse was a relapsing condition.

Evaluating outcomes.

As has been mentioned, the DTTO policy had been developed with only one criterion of success - the number of commencements on DTTOs. Although health outcome measures were well documented in the literature, these were not included in the policy guidance nor had the local team formalised any local outcome measures upon which to base their judgements on an offender's progress. It was reported that the Home Office had acknowledged that this needed to be addressed. Furthermore, respondents did not know how the policy objective on reducing crime was to be measured, nationally or locally, but clearly felt that this was the main policy objective, rather than improving health status and advocated for a twin tracked approach. One respondent described it as:

“We're lurching from target levels year-on-year; consequently the building blocks within the treatment process get lost”.

Drug treatment worker.

A particular tension was the lack of acknowledgement by the Treatment provider of the restrictions imposed on the Probation Service to comply with the National Standard and the problems then encountered in obtaining contract monitoring information that allied to this standard. This was an issue that rankled long and hard with both Treatment and Probation staff; however little appeared to have been achieved in gaining agreement on, and formalising, both the enforcement and health status elements that were to be used at

the local level. This could have been achieved despite the lack of national guidance on the health elements.

When asked about the longer-term outcomes of the programme all agreed that the primary aim was to stop using drugs but recognised this as unrealistic. One probation worker commented:

“Realistically it’s to reduce the amount of drugs taken or stop and reduce their offending”.

The importance of having consistency in Court sentencers (judges or magistrates), because of the chaotic lifestyles of drug misusers (House of Commons 2001-02) and the challenges this programme presented in terms of offenders making changes in lifestyle and peer networks that were required to make and sustain these changes, meant that a relationship between the sentencer and offender needed to develop. This relationship required a significant change in culture from the judiciary, needing to balance critical friendship with enforcement. All those interviewed in the course of this study, including the offenders themselves, valued this relationship, and it seemed that its benefits exceeded those originally intended. It was reported that where dedicated judicial benches had been achieved, many sentencers demonstrated a high degree of interest in offenders’ progress, so much so, that they felt personal disappointment when things did not go too well and alternative sentences had to be imposed.

7.2.2. Efficiency

One or more DTTOs?

Respondents recognised that the relapsing nature of drug misuse meant that some offenders reappeared in the Court system and were reconvicted of multiple offences. The service had not collated local information on reconviction rates and was therefore not able to provide data. It was reported that offenders who had a previous attempt(s) at DTTOs and failed, and those that had succeeded but were subsequently reconvicted of an offence, could be further considered for a DTTO as a sentencing option. In both cases individual circumstances would be looked at and the motivation to change assessed. Respondents felt that the 'jury was out' on whether the DTTOs had achieved one of the policy objectives and resulted in reduced costs to the criminal justice system.

Focusing the DTTOs.

As has been seen earlier, the policy had identified a range of targeted drugs of misuse, but did not specify alcohol as a targeted drug. Respondents had identified that alcohol was a significant feature in many offenders' histories, but felt that they were constrained to focus on those drugs of misuse that were the policy target. However, the policy did not preclude the service from addressing the range of needs with which offenders presented, as was demonstrated by the recognition of the need for life skills within the local programme. Service staff reported that they had discussed the need to address alcohol, but lacked the resources to respond in-house, apart from warning of the potential effects of overdose from taking prescribed drugs and alcohol. They tended to either assist the offender to self-refer to community based alcohol agencies or, in severe

cases, a formal medical referral could be made to the local Community Addiction Service, but fast-track arrangements for this did not exist and offenders were placed on the waiting list, in the case of the statutory services.

Resourcing the DTTOs

When the national roll-out of the DTTO policy took place, £6,000 per DTTO was allocated from central funds and ring-fenced funding (for the first year only) distributed, according to the number of commencements given as a local target. The £6,000 per DTTO sum had originated from the evaluation of the pilot sites. However, it was reported through the interviews that the local policy implementation process for DTTOs was compromised, on two levels:

- not all of this central allocation was spent on establishing the local service, as a not insignificant sum was returned to the Home Office as unspent resource: the consequence of this was that this action impacted on the recurrent resource allocation for subsequent years and it was felt that the service had never been able to recover this position
- a lack of senior management commitment to the policy resulted in further resource cuts during the second year when the allocation was no longer ring-fenced: with a consequence that forward planning for maintenance and equipment updates, as well as increases in nationally set targets began to emerge and create pressures in an already complex implementation process, where partners were critical of the policy objectives and the apparent diktat that offenders in the criminal justice system took precedence over decisions based on

clinical need for services and other members of the public in accessing drug treatment services.

In considering the change from ring-fenced allocation, this was seen by some respondents as an opportunity to create greater flexibility in service provision and move towards jointly commissioned drug treatment services with partner agencies via the Drug and Alcohol Action Teams and resolve some of the tensions. (The contract issued to the drug treatment service provider was for a three year period).

Managers who were interviewed in this study were of the opinion that the implementation of this policy was a much bigger job than they, or the organisations (Probation and the Drug Treatment service provider) had anticipated, and that insufficient thought had been given to the intensity of the policy requirements, the impact on the organisations, and the degree of partnership working and negotiations that were involved. It was reported that there had been significant turnover of both Probation and Drug Treatment staff in the three years since implementation, both at managerial level in the Probation service and in front-line drug workers. One of the problems reported was that with each new management change, different perspectives emerged on how the service should operate, and a lack of consistency in approach that ensued made it difficult for the local policy to become embedded. Furthermore it resulted in a lack of consistency for offenders on the programme, an issue which was raised by the cohort of offenders interviewed in this study, about which more will be said later in Chapter Eight.

Training and development

The investment to be gained from educating and training staff to deliver effective, efficient, quality services needs little justification. The views on the availability of training and development to deliver this new policy differed between respondents. Some felt that while they had received basic training - as in mandatory induction, types and effects of drugs of misuse - and some full-team training days, little had been available about treatment models, and groupwork skills – arguably core elements of the programme. This, it is suggested, may have been as a consequence of a lack of a **structured** treatment programme, a weakness identified in 7.2.1. No reference was made to training in offending behaviour being made available for drug treatment staff. While there were clearly some gaps reported in training, the statement made by one respondent:

“it’s very much what you can grab for yourself”

Drug treatment worker,

would, seem an unfair overall reflection.

In contrast, respondents were in agreement that much attention had been paid to initial and on-going training and development for sentencers

“educating the sentencers has had a lot of investment it’s been a real benefit”

Probation worker.

This view was one endorsed by the sentencer interviewed in this study.

Reviewing progress in the Courts

The National Standard, at the time of the fieldwork for this study, was that reviews should take place monthly for the first 4 months then quarterly until end of the DTTO. It was reported that in practice, after four months, in some areas a decision was sometimes taken to move to two-monthly reviews. However at that time, quarterly reviews were reported to be viewed by sentencers as a 'step too far'.

It was also reported that a standardised Court Review template had been developed to ensure that perspectives of both probation and drug treatment staff on an offender's progress were presented to the Court, and that sentencers tried to make this process less formal and more directly discursive with the offender, seeking their views on their own progress and reasons why they may not have made progress. Much attention was reported to have been paid to organising the Court rota for offenders to appear before a sentencer specialising in DTTOs, who had prior knowledge of their case, unless exceptional circumstances existed. A number of statements were made by respondents that illustrate the overall perspective of the Court review process:

“Reviews have been one of the good success stories of the order”.

Probation worker.

“They (offenders) feel that they themselves are contributing something and sharing experiences”.

Drug treatment worker.

“Offenders can find it a very positive experience as for the first time ever they can see the court as trying to help not just send them to jail”.

Probation worker.

“We all are very careful to praise them even if there is a bad report we try to find something positive to say for those making a genuine effort”.

Sentencer.

However, this process was not just about motivating and encouraging offenders to make progress, it was also about sanctions for breaches of DTTOs, or failures. Rather, it has been shown that the dynamic and powerful nature of this required a careful balance for it to work and it is argued that this was a greater challenge for the Court system than that faced by any of the other key organisational players in implementing this policy.

7.2.3. Effective organisational processes

The ethos of treatment philosophy within the context of Court Ordered Treatment

Some respondents, who were managers, felt that expectations had been set too high and the service had significant problems in retaining probation staff in some of the area offices, which resulted in limited contact with offenders, as much of their time was taken up writing Court reports. It was also felt by these respondents that too little attention had been paid to systematic planning for the local implementation of the policy, as a consequence of which, a treatment and team philosophy had not emerged. Consistency of approach was acknowledged by some respondents, especially those in managerial roles, as lacking and some drug treatment staff reported that they did not feel valued for the contributions they made. Furthermore, as the contract with the drug treatment provider had failed to specify the treatment model(s), various approaches had been tried during the implementation process. The failure to attain a **structured** programme was reported by respondents to have been compromised by the low numbers of staffing.

Balancing coercion with enhancing motivation.

It was reported that most of the revocations of DTTOs originated from two of the four local area offices. The reasons for this were unclear. In one of these sites significant staffing problems had been encountered, and significant weaknesses in the quality of case recording and monitoring of offenders' progress were also evident.

One or more DTTOs?

As has already been seen, offenders could be sentenced to subsequent DTTOs, which could run concurrently. It was further reported that as the service had evolved, it had been recognised that amphetamine and cocaine misusers needed longer DTTOs, but the majority of DTTOs issued were of twelve months' duration. This was despite the finding, reported later in Chapter Eight, that almost half of offenders interviewed reported taking a combination of heroin and cocaine, both highly addictive substances.

Confidentiality and the monitoring of DTTOs

The problems in reporting on offenders' progress, in terms of the poor case recording, has already been highlighted, as has the relapsing nature of drug misuse. In addressing the issue of 'breach' in the requirements of the DTTO, it was reported that an operational process of a tiered response had been agreed with the Court, so that custody was not an automatic response. Discretion was reported to be available and individual offender circumstances, behaviour and motivation were all factors taken into consideration. For less serious offences a warning or fine could be issued and sentencing

adjourned for one month to assess further progress, or another sentence imposed, or the DTTO revoked which usually then led to imprisonment.

Identification and assessment of offenders

A further contribution made to this aspect of the criterion was that one respondent felt that their perception of the service was changing. Having been originally critical of the focus on heroin and cocaine, which the individual felt failed to recognise the local problems associated with amphetamine misuse, they reported that the service was now not excluding offenders with amphetamine problems. However, this respondent commented that more needed to be done to attract women drug misusers and drug misusers from ethnic minority groups into the service. The data on ethnicity is reported in Chapter Eight.

7.2.4. Accountability in the local process

Evaluating outcomes.

Drug treatment staff interviewed in this study, were very critical of the official measure for determining the success of DTTOs, as they were of the opinion that it did not reflect the many positive aspects that emerged; one commenting:

“if they’ve not offended then it’s considered success”.

Drug treatment worker.

It was surprising to find that, given the complex cross-cutting nature of this policy and the social problems it aimed to address, that success, from a policy perspective, was such a narrow interpretation.

The ethos of treatment philosophy within the context of Court Ordered Treatment.

The lack of accountability in local policy implementation could be seen through respondents' views, in that little attention had been paid to local systematic planning for the implementation of DTTOs. In particular, managerial accountability could be seen to be lacking in the issues raised above in sections:

7.2.1. Effectiveness of intervention

7.2.2. Resourcing the DTTOs and

7.2.3. Effective organisational processes.

Of significant concern, from the perspective of accountability, was the weakness in clinical governance arrangements, referred to in 7.2.1, and the failure to corporately address these issues during the planning stage for implementation. It has already been commented on that this lack of systematic planning for implementation, was a recurrent theme raised by respondents.

Confidentiality and the monitoring of DTTOs

In addition to the issues raised in 7.2.1, problems with uniformity of reporting in monitoring offenders' progress was also an issue raised (7.2.1.) and, it is argued, was an example of compromised accountability. The weaknesses in casefile and data reporting, monitoring and recording, as a finding in this study, were significant.

There were also problems identified with accountability in practice and tensions between policy objectives and practice reported. This is illustrated from responses which identified inconsistency in approaches, where some offenders were allowed to continue

on the DTTO despite inappropriate behaviours or missed appointments. One respondent commented;

“Offenders are told it’s a rigid system but it’s not consistently applied”.
Probation worker.

This respondent felt that this was due to lack of ownership of, and commitment to, the policy objectives by drug treatment workers.

7.3. Future needs for the treatment programme design

Respondents were asked for their views on how the policy needed to evolve for the future. Some common themes emerged which are reported below:

- more basic skills, social, lifestyle and aftercare support
- a need to widen criteria to meet the Home Office commencement targets.
- improved local area office accommodation, as concerns existed about health and safety issues
- evaluation of the service was needed, based on quality and outcome indicators
- access to service(s) for survivors of abuse
- funding needed to be commensurate with targets set
- funding was needed for transfer of care into statutory drug treatment services once DTTO(s) ceased
- requirement for a stable staff base
- better management arrangements for consistency in implementation
- leadership and guidance at All Wales level for rolling-out national UK programmes.

7.4. Additional comments.

An opportunity was afforded to make additional comments at the conclusion of the semi-structured interview. A number of comments were made:

“national roll out was done too quickly and with little planning and clear standardised guidance; too much was left to local discretion”.

“they (DTTOs) give people structure but lots of them get quite nervous towards end of Order as they won’t have any more support”.

“probation (service) needs to realise it’s a partnership not ownership”.

7.5. Summary

It was argued in Chapter One that public policies had to be planned for and implemented within organisational frameworks, raising issues of integrity, intervention practice and fidelity to the policy aims, as important considerations, along with the impact such policies had on individuals, organisations and communities. The alternative approach taken in this study has been to focus on the policy players and agencies themselves and their interactions and involving a ‘bottom up’ analysis, framed by organisational stakeholders, in order to provide a picture of the factors that influence success, the obstacles to intended policy implementation and local constraints. This has been achieved through the engagement of the diverse local organisational stakeholders, with responsibility for this policy, in the setting of the evaluation criteria utilised in this study. The derivation from the normal processes of a Delphi study adopted here, as an alternative approach, was successful in arriving at a set of consensus derived criteria, one of the objectives in this study. While some criteria were replications of those seen in the literature reviewed, this local study has highlighted the importance of ‘effective

organisational processes' as an important criterion in evaluating complex policy initiatives where there is a high degree of reliance on multi-organisational partnerships and a requirement for ownership and fidelity to the policy objectives through local implementation.

The challenges that have emerged through this set of interviews, and that could have been anticipated given the nature of the policy, relate to the complexity of the policy, and the pluralistic nature of stakeholder ownership to the policy objectives that were needed for the policy process to be effectively implemented at the local level. However, what was surprising was the view held that the Probation Service, itself, had not demonstrated commitment to the policy, through effective planning for implementation and, as such did little to motivate and engage other local stakeholder organisations to sign up to the policy objectives, the focus of which, as has been suggested, was on reducing crime rather than the wider determinants of health and well-being.

A number of themes have emerged from these responses that relate to policy ownership by other stakeholder organisations include culture differences between the probation and drug treatment staff that threatened the credibility of, and accountability to, the policy process and clinical practice issues of governance and adherence to the evidence base in treatment programmes. These issues may be seen to illustrate poor corporate governance arrangements within the Probation Service at this time.

Although the cultural differences were significant, even for a provider with a track record of working with the criminal justice agencies, the biggest cultural shift that was reported was in the nature of the relationship between the Court and offenders and the amelioration of policy objective from cessation of drug use, to reduced drug misuse accepted by the Courts.

It was clear in the findings from this set of interviews that many problems arose because of the cross-cutting nature of the policy and the lack of a systematic planning process for implementation. Some of these problems were as a consequence of local decision-making, but some were as a consequence of national decisions and weaknesses, emerging from a lack of attention to the influence that context and jurisdiction would play in the policy implementation process.

The next chapter will now turn to report on the findings that emerged from the interviews with a cohort of offenders on DTTOs. A discussion on key points and the implications that derive from these for future public policy formulation will then follow in Chapter Nine.

Chapter Eight

Findings: the perspectives of offenders on DTTOs

The focus of this research has been on attaining plurality of stakeholder views on the policy implementation process, and for data sources to be coherent with the stated desire to achieve a ‘bottom up’ analysis and a balanced picture. A further set of stakeholders, the offenders on the DTTO, were clearly a vested interest group and were, in many senses, the primary stakeholders in this policy implementation process.

This chapter will report on the findings from the data sources in this research that relate to a cohort of offenders sentenced to DTTOs. Offender related data were captured from three sources:

- a set of thirty randomly selected case-files were reviewed to assess the quality of documentation. This was undertaken in one DTTO Area office in South Wales, in which this research was located, in March 2003 (twelve months after local implementation)
- a selection of secondary quantitative data was obtained from the Probation Service CRAMS database for the period service 1st April 2003 -31st March 2004
- forty offenders sentenced to DTTOs across the four DTTO Area Offices in South Wales were interviewed; ten in each local office. During 2004/5 this was achieved by focus groups in two DTTO Area offices with face-to-face interviews conducted in the other two offices

- profiles on characteristics for the forty offenders interviewed during 2004/05.

The selection process adopted for the cohort of offenders, along with the constraints imposed and the risk factors, that had to be taken into consideration in the selection process and in conducting the interviews, were discussed in detail in Chapter Four.

This next section reports on a range of offender related data findings. Qualitative data were content analysed to derive key themes from the focus groups and interviews and categorised according to the expert panel stakeholder derived evaluation criteria. Sub-sections have been omitted from the criteria headings where specific issues relating to the policy implementation were not raised during the conduct of the focus groups and interviews. It has to be acknowledged that responses represent individual perspectives, which impose limitations and a degree of caution has been exercised in their interpretation.

8.1. The case-file analysis

The purpose of undertaking this review was to ascertain the nature and robustness of the service's approach to maintaining records on assessment, drug treatment and sentence planning. A set of thirty randomly selected case-files was selected and reviewed, as indicated above. Prior to undertaking this aspect of the research a written confidentiality agreement was signed between the researcher and the Probation Service, as although data were not being extrapolated from this source, case-files contained offenders' personal and programme details. It is important to re-emphasise that this was conducted

one-year following the national roll-out, and before the interviews with the expert stakeholder panel were conducted.

Overall, it was difficult to locate information within the files, as they were disorganised, lacked structure and there were inconsistencies and variability in the use of forms. This variability in case recording was not only seen between individual key-workers, where some variability was to be expected, but could also be seen in case recording by the same key-worker. There was very little evidence, at the time, of written assessments (which included drug taking histories), treatment programmes with clearly defined treatment goals and recording of monitoring of progress towards these goals. Supervision plans were also lacking in many instances, and where they were present (n= 4) were again weak and not formulated on the basis of set goals on which to monitor progress.

At the time of the case-file review, limited evidence could be seen to support a view that Court reports were formulated on the basis of robust monitoring and recording of offenders' progress on the DTTOs. The interviews with a cohort of policy implementers conducted in 2005, some two years on from the case-file analysis conducted in this research, and reported in Chapter Seven, ascertained that problems with uniformity of reporting was an issue and the variability in the quality of Court reports had reportedly been raised by sentencers in the past.

The analysis also showed up significant weaknesses in the quality of case recording and monitoring of offenders' progress, so much so that it was difficult to see where the data were being derived, as an evidence base, to produce a Court report. It could be argued that these weaknesses had the potential to expose the corporate bodies, during breach proceedings, to defence teams' legal challenges on the evidence base upon which Court reports were constructed.

However, it was reported by the sentencer (magistrate) interviewed, that by 2005 the quality of Court Reports had improved and that weaknesses in uniformity of recording were acknowledged and being addressed.

8.2. Service activity data

DTTO activity data, across a range of variables for a one-year period 1 April 2003 – 31 March 2004, were requested of the South Wales Probation Service database (CRAMS). The purpose of this data collection process was to test how well the service was performing against a range of process and outcome measures, that were either requirements of the Home Office or were commonly utilised in good practice guidance for treatment interventions (Department of Health 1996; Welsh Drug and Alcohol Unit 1997; Gossop et al 1998, 1999, 2005; Home Office Criminal Policy Group Circular 2000a). The range of variables identified included:

- numbers of commencements
- numbers of terminations – by breaches; successful completions
- gender – by commencements; successful completions; breaches

- ethnicity – by commencements; successful completions; breaches
- waiting times – by time from acceptance on DTTOs to commencement as a monthly trend
- urine testing – numbers and percentage testing positive for primary drug as a monthly trend
- Court reviews – by number of cases; % related to successful completions
- employment status - at beginning and end of the DTTO by gender and ethnicity
- accommodation status – at beginning and end of the DTTO by gender and ethnicity
- children of offenders – by numbers and ages.

The service was not able to provide the data on waiting times, urine tests and children of offenders. Furthermore, the data on terminations by breaches is not reported as data fields were incomplete.

8.2.1. Number of commencements and terminations

During the twelve month period there were 308 DTTO commencements onto the Order and, as has previously been identified, Orders were generally of twelve-month duration. Of these 308 commencements, a total of 106 (34%) terminated during this time. The analysis that follows was based on these 106 cases.

In Table 21, it can be seen that only 7 were recorded as having a successful completion of the DTTO; all of these were white British males and a breakdown of the reasons for

termination are provided. Although limitations were imposed in this service activity analysis, as the period under review was only a one-year period, and, generally, the majority of DTTOs issued were of twelve-month duration, what this analysis highlights is the high number of terminations **during** this twelve-month period, i.e. the vast majority of offenders failed to comply with the requirements of the DTTO during this twelve month period.

Table 21: Number and reasons for DTTO terminations

Reason for termination	No of Cases
DTTO Expired	1
Early for good progress	6
Revoked fail to comply	45
Revoked custodial sentence	43
Revoked non-custodial sentence	4
Terminated - other reasons	7
Total	106

Table 22 provides a further breakdown of these terminations of the Order, from which can be seen that 86% were male and 14% female; 83% were of white British ethnicity.

Table 22: Number of DTTO terminations by gender and ethnicity (n=106):

<i>Category</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>%</i>
Black or Black British: Caribbean	0	2	2	2
Black or Black British: African	0	1	1	1
Mixes: White & Black Caribbean	1	1	2	2
White: British	12	76	88	83
White: Other	2	11	13	12
Total	15	91	106	100

8.2.2. Court Reviews

Of these 106 cases, Court Review reports were recorded as prepared on 25% of cases. However, the Court Review data entry in this field was sporadic and unreliable. Therefore no conclusion could be drawn from this data set.

8.2.3. Employment status

An analysis was conducted to determine if there had been any change in the employment status of the cohort (n=106) at the end of the twelve month period compared with that recorded at the start. The data indicated that 86% showed no change in employment status, with 65% (n=69) recorded as 'unemployed'.

8.2.4. Accommodation status.

The analysis of the cohort data (n=106) for the period also examined whether any change had occurred in accommodation status. This analysis demonstrated that 75% of cases showed 'no change' – this was a positive finding as for this cohort it demonstrated a degree of stability in their accommodation, an important requisite in achieving positive outcomes from drug treatment. Only 8% were recorded as 'no fixed abode' at the start with 6% showing 'no change' at the end of the period.

8.3. Characteristics of offender interviewees.

It is important to point out that the data collection reported above is service activity data and, as such, may not include all subjects included in this section and section 8.4, as a number of limitations were imposed. Adopting a random selection process for the

offender cohort of interviewees was rejected on health and safety grounds, as interviews were conducted in the absence of a chaperone. Instead, a meeting was organised with the Probation Team Leader, in each of the local offices, to select the cohort of offenders. The rationale for this was to ensure that the offenders did not represent a risk to the researcher and were of sufficient stability, in terms of their drug misuse, to be able to participate in the interview process. However, a balance in this cohort of interviewees was also needed to ensure a representative capture of offenders' perspectives, for example in the earlier stages of their sentence. The potential for dropout, through withdrawn consent, breach and subsequent imprisonment, absconding or hospitalisation, was a key consideration in determining the offender cohort size.

The cohort of offenders completed characteristic profile questionnaires, designed to capture personal, social, education, offending, drug history and health treatment related data. It had originally been intended that these profiles would be completed at offender entry onto DTTOs, however, due to the problems in staffing for this initiative - referred to earlier - this was reviewed and a decision taken to survey the interview cohort only.

An analysis was undertaken of the profiles of the offenders' interviewed in this research (n=40), to outline the nature of the characteristics of the cohort. Headline data are reported below.

Sixty-eight per cent of offenders interviewed were male and only 2% of the total cohort were of non-white ethnicity. The median age of offenders, at the time of interview, was

28 years, with an age range of 19 to 44 years. Ninety-five per cent were unemployed, while 10% reported having no permanent accommodation. Almost half of all respondents reported that they did not have a person, (family member, partner or friend) they could regard as a 'supportive other'. Thirty-eight per cent had children, although not all were living at the same abode as their offspring.

Out of the cohort interviewed (n=40), 65% had dropped out of school before the age of sixteen; of the remaining 14 offenders only 8 reported regular school attendance and 11 of these 14 reported they had experiences of school exclusion. Sixty-eight per cent of the total cohort had left school with no educational qualifications.

Forty-five per cent had no previous contact with a drug treatment agency, from neither statutory nor voluntary sector, before commencing on the DTTO.

The median duration of offenders on DTTOs, at the time of interview, was 6 months, with a duration range of 1 month to 15 months.

Offenders were asked to report on the types of offences, for which they had been convicted, as associated with the sentence of a DTTO. It is important to note that multiple offences were evident. The three most commonly reported types of offences were, theft (n=25), drug offences (n=20) and motoring offences (n=15). Burglary was the least reported type of offence associated with a DTTO in the interview cohort.

When asked their age at the time they first committed an offence, (note: but not necessarily resulted in conviction), 65% reported that they had been aged 16 years and under. Ten per cent of these respondents reported that they were under 10 years of age when they first committed a criminal offence.

In estimating the amount of money spent on drugs, offenders were asked to consider the immediate period leading up to the offences for which they had been convicted and sentenced to a DTTO. Clearly such self reports have to be treated with some caution, but the majority (40%) reported between £100-250 per week, while a small but not insignificant number (13%) reported spending over £1,000 per week.

All offenders interviewed reported that heroin was their primary drug of misuse; 85% reported that they took the drug more than once every day. The amount of heroin used on each occasion it was taken varied, with 43% reporting they consumed in the range of 0.5-1 gram on each occasion. The most frequently reported route of drug administration was by injection (85%), with a quarter of the total respondents reporting that they were aged sixteen and under when they first took the drug.

Almost half of respondents (n=19) also reported taking cocaine, with almost a third of these (n= 6) reporting that they took the drug daily or more than once daily. Four reported that they were aged 16 years or younger when they first took the drug, with one of these respondents reporting being aged between 10 and 13 years of age. Smoking was the preferred route of drug administration in this cohort.

Very few respondents reported taking amphetamines or benzodiazepines and very few reported problems with alcohol consumption.

In considering their health generally, eight respondents reported physical health problems; all but one were in receipt of medical treatment. However 50% (n=20) of the total cohort reported mental health problems, but only 8 individuals reported they were in receipt of treatment for their mental health problems.

It can be seen in this group that the nature of polydrug misuse, for almost half of the total cohort, was the combination of heroin and cocaine, both substances highly addictive in nature and requiring significant sums of money to feed the addiction. As has been seen, almost all offenders interviewed were unemployed and therefore it would be fair to assume that funds were derived from illegal activities.

The lack of educational attainment and the poor school attendance records that were reported were the most striking feature of the findings on the characteristics of the offender cohort. While the unemployment rate was very high, this in itself was to be expected given the serious and problematic nature of drug misuse seen within the cohort. However low educational attainment would make it difficult for offenders to make the life changes required, in terms of entry into work and well paid employment, and to secure legitimate income comparable with levels of income attained through crime or drug dealing.

The finding that almost half of all respondents did not have a 'supportive other' was surprising, and while not conclusive evidence, might suggest that, in the main, the social networks of these offenders revolved around other drug users and represented a significant challenge for them to change their peer networks, and achieve their goals of illegal drug desistance, in the absence of a close relationship with a 'supportive other'. The presence of a supportive other was one of the factors identified by the Home Office in advice on targeting DTTOs to suitable offenders (Home Office Criminal Policy Group Circular 2000a) and similarly profiled by Paul Cavadino, Director of Policy at NACRO, in the Observer newspaper where he commented:

.....turning an addict into a former addict involves more than helping them off drugs. It can often mean a change of scene, new friends, different aspirations and expectations. For returning a reformed addict to the environment that originally was the cause of their drug problems is hardly a recipe for a stable future. This means that help with housing, benefits, family support, mentoring and employment are also crucial if drug dependent offenders are to remain off drugs and lead a crime free lifestyle.

(Observer 22nd July 2001).

The finding that almost half of respondents had no previous contact with drug agencies would seem to suggest that the DTTO policy was successful in achieving one of the aims of the Government's ten-year strategy for tackling drug misuse (UKADCU 1998), that is to increase the number of drug-misusers in treatment and increase capacity to identify and treat drug misusing offenders, at all stages in the criminal justice system from arrest through to custody and release. However, whether one could judge the policy as successful in breaking the link between drug misuse and crime is yet to be proved, particularly in the context of the number of offenders completing the programme

(reported above in 8.2.) and as seen in the literature on reconviction studies, reported in Chapter Five.

The co-existence of mental health problems and drug misuse, has gained in recognition over recent years, yet integrated service provision to respond to this co-morbidity remains variable across the UK (Audit Commission 2002; National Treatment Agency 2004b; Weaver et al 2004).

8.4. Interviews with offenders on DTTOs

The interview schedule was framed to encompass the expert panel stakeholder derived evaluation criteria and specific elements of the programme, as they may relate to offenders' social and therapeutic relationships and experiences of the programme. Interviews progressed in each of the DTTO local area offices until 10 offender responses (40 in total) were secured. In two of the four local area offices interviews were conducted as focus group meetings. Content analysis categorised responses into key themes, which were further categorised according to the expert stakeholder panel criteria.

8.4.1. Effectiveness of intervention

Access to the programme

As has already been identified in Chapter Five, one of the aims of the Government's ten-year strategy was to open up access to treatment for offenders with serious drug

problems. The policy of DTTOs was just one of a range of criminal justice interventions to support that aim.

The interviews with offenders on the programme asked them how they got to know about the programme and from whom. Responses were broadly consistent with three main sources reported:

- defence solicitors
- friends and other drug users
- prisoners.

Despite arrest referral services being a source of referral into the DTTOs, respondents did not report that this to be their access route. Concern about this policy having a perverse effect of encouraging drug misusers to offend to access treatment has been expressed (Audit Commission 2002; Turning Point 2004) in Chapter Five and during interviews with front-line policy implementers, as reported in Chapter Seven. This was not a common experience with this cohort of offenders interviewed for this research, with relatively small numbers, but one offender did admit to this course of action:

“ I’m now on my second DTTO, the first was for twelve months but I wanted it for eighteen months so I went out and got deliberately arrested”.

Information on the programme

The international literature (discussed in Chapter 5) suggested that ‘coerced treatment’ could be as effective as ‘voluntary treatment’ and might be more successful in keeping people in treatment for longer periods. As offenders had to agree to be sentenced to a DTTO, and as NHS services (not just drug treatment services) are predicated on

securing informed consent for treatment (where this is at all possible, with the exception of lifesaving medical emergencies, but still cognisant of specific religious beliefs), this research sought to elucidate how offenders knew what it was they were agreeing to in this sentencing option.

Responses varied, but a quarter of respondents had heard about the nature of the DTTO and what was expected from friends or relatives. The remainder reported being given information on the DTTO from Probation Officers at the Pre-Sentence Report stage or during the joint assessment process with probation and drug treatment staff. One respondent recalled being told by friends that:

“prison was an easier option”,

while another respondent stated:

“I was told about the assessment process but if I’d known about the programme, would have preferred to go to jail...had little information and understanding of what’s required”.

Only three respondents felt that they had not known anything about the nature of the DTTO and all of these attended the same DTTO Area Office, (A).

Overall, the level of information imparted to offenders to inform them of the nature and expectations of the programme, appeared to have been sufficient to enable them to make an informed decision to consent to the sentencing option.

Activities on the programme

As reported in Chapter Seven, although the front-line policy implementers were able to list a range of activities in the programme, what appeared to be lacking was a

structured treatment programme, which was partly responsible for what was described as a lack of cohesion, inconsistencies in approach and difficult relationships *between* the four local area DTTO offices.

Offenders were able to list a range of activities and groups that were on offer, but it appeared that some offenders had access to more options and better structure of programmes in some local area offices than others. Analysis of responses indicated that Area Office A stood out as having the broadest range of activities on offer, and offenders attending this site held very positive perspectives on the National Probation Service Offender Substance Abuse Programme (OSAP) that they were attending. Comment was made in Chapter Seven that this programme had only become operational some three years after the implementation of the DTTOs and was only a programme of three months duration. Respondents from DTTO Area Office E were less complimentary about their drug treatment programmes at the time of interview. This appeared to endorse the previous finding of lack of cohesion and inconsistencies in approach between the four local area DTTO offices.

“OSAP is really good..... at first I couldn’t make the connections but now I can. I’d like to do other courses..... asked to do more at the end (of OSAP) but nothing available”.

Offender Area Office A.

Given that the most DTTOs were of a twelve month duration, leads one to question what else offenders on these orders would be doing with their time that would be of social and economic benefit to them in improving their skills, coping mechanism and educational/employment prospects?

8.4.2. Efficiency

Decision to agree

Chapter Five identified the target audience for the policy and it was envisaged that the DTTOs would apply to categories of offenders who were found, during the Pre-Sentence Report stage, to have been using a Category A drug (heroin or cocaine) and for whom a community sentence was under consideration. Categories of offences specified were:

- Drug dealing
- Burglary
- Theft
- Drugs possession.

Integral to the DTTOs was the offender's motivation to change, the degree of which was to be considered at the assessment stage, and inform the recommendation to the Court on the suitability of a DTTO as a sentencing option. The decision on suitability can therefore be seen to have been influenced by a number of factors, not least of which was how offenders would perceive the benefits and disbenefits of this form of sentence. Respondents were asked to explain what had been the motivating factor(s) that had led to them agreeing to this form of sentence being imposed? One fifth of respondents admitted that primarily they had agreed so as to avoid a custodial sentence. The remainder all spoke about wanting to make changes to their lifestyles, whether that was drug taking, family relationships or through experiencing the death of close friends through drug overdose. Some views expressed included:

“Couldn't go on... lost too many friends from overdose and don't like being seen as a junkie”.

“You’re in a world of your own when you’re on heroin ... had to break out of it and get away from my friends..... you live life in a cocoon”.

“I needed something strict”.

Clearly, many felt tired and dragged down by the lifestyle that drug misuse imposed and wanted to make the changes. Nevertheless, whether individuals had the personal resources necessary to achieve these changes or the programme was capable of supporting the development of those personal resources within the duration of the DTTOs, is open to question. It is argued that many of these coping skills required for dealing with challenging times are built from childhood experiences of supportive family networks, positive educational experiences and positive work-based opportunities. As will be seen below, many respondents lacked such positive experiences.

When asked where they thought they would be now if not on this programme, the majority of respondents said they would be in jail or still committing crime; some felt that they would, in all likelihood, be dead and two respondents summed it up as follows:

“Making people’s lives a misery”.

“Scoring drugs... it’s a chaotic vicious lifestyle controlled by a powder and created by ourselves”.

8.4.3. Effective organisational processes

Involvement of significant other

One of the success indicators for achieving positive outcomes was the extent to which an individual had the support of a partner or close relative or friend (Department of Health

1996). Contrary to this, an adverse condition to affecting positive changes was acknowledged to exist where a significant other were themselves misusing drugs. Clearly altering the dynamics and behaviours within which close relationships operate posed problems as well as potential advantages. However, as was seen in Chapter Four, in considering organisation theory, systems theory (Easton 1953, 1965a, 1965b) can have application in family and friendship network relationships.

Respondents who reported they had a supportive relationship advocated involvement of their significant other during the DTTO programme, as they felt that very little was done to support and educate their families. Some of the views expressed were:

“There might only be one addict in the family but the effect on the household is enormous”.

“Where there is more than one addict in the family there should be something to address the dependence of your partner at the same time”.

Most helpful programme elements

The policy has been predicated on two elements to break the drugs crime association: drug treatment and testing for illicit drugs. The purpose of testing had a two-fold purpose, firstly to act as a check for continued illicit drug misuse, evidence from which would be presented to the Court and from which sanctions could be imposed, and secondly as positive reinforcement of desistence from illicit drugs. Despite the fact that results from urine test could be used as sanctions, three quarters of respondents commented that they found it the most helpful element of the programme. Many were keen to share that they were producing negative urine tests, i.e. tests that showed no evidence of illicit drugs, and they were very proud of their achievements.

Further aspects of the programme were also viewed positively; significantly, the structure that the DTTO imposed on offenders' time (having to turn up at certain times and being held accountable for doing so) and the Court process, in particular the Court Reviews, were aspects that many respondents referred to. One respondent articulated this very powerfully:

“Court reviews are good.... it's good to go back and know you have to have behaved.....there's a different relationship with the Court....there's more respect on both sides.... it's the first time anyone in authority has shown any encouragement and interest in me”.

Least helpful programme elements

One of the issues raised by those offenders who lived in valley communities was the problem of transport, and particularly so where offenders had family commitments such as school age children. Offenders were required to attend their DTTO local office at defined times and were allowed some degree of flexibility, but many were unhappy that the problems they faced were not recognised by staff. Some staff held the view that:

“if they are able to keep an appointment with their drug dealer then they are able to keep it with the DTTO”.

Probation service worker.

To some extent, one can empathise with this point of view. One offender went on to explain that in the early weeks, before a prescription was issued, they had to arrange to meet with their dealer to purchase their drugs before they could even get transport to attend their DTTO appointment. It could be argued that this was a difficult balancing act and had to be left up to local decision making. However, these types of decisions should be communicated between the local area offices, as otherwise they could run the

risk of being perceived as inconsistencies in practice, when in fact they were cognisant of local external influencing factors in the delivery of the DTTOs.

Another common theme that ran through two of the four local Area Offices in which offenders were interviewed related to frequent staff changes. Offenders found this disruptive to their programme and meant that establishing therapeutic relationships in these circumstances was almost impossible. As has been seen in Chapter Five - the evidence base in the literature on the effectiveness of counselling as a component of drug treatment has been argued by some, to be as a consequence of these very therapeutic relationships and the skills of the counsellor. With DTTOs being issued for one year, in the main, and staff recruitment taking at best some three to four months, this could result in offenders being without a key-worker, or in a situation where temporary key-worker arrangements were instigated for some considerable time.

Further expanding on this issue of offender-staff relationships, a consistent theme emerged from offenders interviewed at the DTTO Area Office A, where it was reported that these relationships were difficult. This was an interesting finding in that a specific question had not been asked about these relationships and this was not a feature reported in any of the other three Area Offices. It was outside the scope of this research to investigate the reasons for this but in examining the DTTO Area Office A cohort data, the offenders interviewed were not at the early stage of their DTTOs but, on average, some six months into the programme.

A third of respondents felt that the duration of DTTOs was too short to enable them to face the challenges, to make and sustain the changes needed, given the serious nature of their drug misuse problems and the need for them to address many lifestyle issues. It was also felt that a broader range of programme activities and opportunities were needed so that they had a fuller and more productive day.

One of the serious challenges, to which a small number of respondents referred, was the issue of reports of drug dealers in the vicinity of the two of the four Drug Treatment and Testing Area Offices (D and E). It was not possible to measure the scale of the problem, as the number of respondents who raised this issue was small (n=5), nor was it easy to determine how to respond to such events, as clearly, encouraging a police presence at these locations could have a serious detrimental effect on genuine attendees, but the presence of drug dealers might well impede the process of change for offenders. This issue was one that clearly needed to be raised at local partnership meetings.

Programme changes needed

Two consistent themes emerged that offenders felt were needed to make improvements to the programme:

- concurrent drug treatment for a partner/spouse if they were also drug misusers
- more staff

8.4.4. Accountability in the local process

Urine testing and Court reviews

As has been seen above, three quarters of offenders interviewed reported that one of the most helpful elements of the programme was the testing for illicit drug misuse. This monitoring element they viewed as very important when it came to their Court Reviews, as it was a primary means by which they were held accountable to the Court for their progress on the DTTO and was a means to verify that progress, albeit that the samples were genuine and unadulterated.

Interestingly the Court Reviews, a process that had the potential to send an offender to jail, was held in high regard by many and was also reported as one of the most helpful elements of the programme. The comment made by the one individual, who felt that this was the first time that an authority figure had shown encouragement and interest in him, was a striking comment and, although only expressed by one individual, could be seen as implicit in the high regard held by offender of the Court review process and the relationship with the Court. This expression said so much, and serves as an indictment of the State's education and welfare systems and generally on society's value system.

Children of offenders

One of the significant omissions seen in this policy implementation was the failure to consider the wider family network of offenders on the programme. The approach was a very individualistic one, focusing solely on the offender. Chapter Eight reported on the numbers of children for whom offenders had responsibility - even if they were not living

with them. However, there was a lack of attention given to parenting skills and child development while the risks to their children posed by offenders, through their drug misuse, were not considered. A government report (Advisory Council on the Misuse of Drugs 2003) estimated that there were between 250,000 – 350,000 children of problem drug misusers in the UK. The report concluded that parental drug misuse did, and had the potential to cause, serious harm to children. It was therefore apparent that the children of offenders with serious drug misuse problems, as seen in the cohort of offenders interviewed in this research, should have been considered as ‘children in need’, as defined in the child protection guidance (National Assembly for Wales 2000b) even if they were not of immediate need of protection. However, it appeared that neither assessing the extent of risk nor level of need for onward referral to appropriate agencies to investigate, was seen as a function of this service.

In Chapters Seven and Eight, the stakeholder derived criteria generated from the modified Delphi approach, and the study findings, have been reported. A rich data source has emerged that demonstrates both depth and breadth of findings, grounded in the reality of inter-organisational and inter-disciplinary micro-politics.

Chapter Nine commences with a reflection on the methodology adopted in this study, and a summary of findings, before entering into the discussion on the key themes and findings that have emerged.

Chapter Nine.

Discussion.

This study in setting out to identify the success factors and constraints imposed on implementation of a centrally-driven UK policy initiative, of DTTOs for drug misusing offenders in Wales, identified four objectives:

- to determine the extent of the drug misuse problem in the offending population within the geographical area in which this study was conducted and derive an estimate of the potential number of target offenders for DTTOs for the first year of implementation;
- to develop expert stakeholder derived criteria for evaluating the success of the local policy implementation;
- to identify key successes, obstacles and constraints in the local policy implementation process;
- to identify the extent to which socially located interpretations, culture and structures, have constrained the successful implementation of the policy.

It has been seen that over the last ten years there has been an extensive chronicling of drug misuse and crime, their association, and the playing out of the public's perception of these as a growing social menace, in the media. Political prominence began to emerge in the late 1980s, under a Conservative Government, and featured prominently in the Labour Party's manifesto for the general election of 1997, along with claims of an

increasing role for evidence in informing public policy. However, policy making has been shown to be a more political process than may be implied by the term ‘evidence-based’, and indeed, there are those who would argue that evidence-based policy is, in itself, an ideological stance (Leicester 1999; Black, 2001). Further commentators (Stoker 1999) argue that society was guided more by politics than science, while Walker (2000) warned that evidence could be used for an individual’s own political purposes. However, there was a general agreement in the literature of an on-going interaction with evidence in the policy process, but, as this study argues, the quality of that evidence may be open to challenge when applied in differing contexts.

Significant investment in extending the body of knowledge on drug misuse and crime ensued as a new Labour Government sought to realise their election promises. Government was seen at this time, and continues to date, to promote multi-agency organisational partnerships as the policy implementation mechanism for complex cross-cutting social problems, but tensions with accountability in such partnerships were evident. Furthermore, this was not just a challenge for local partnerships, but called upon central Government departments to move away from traditional *modus operandi* and co-operate as ‘policy villages’ if criticisms of ‘symbolic gestures’ (Exworthy and Powell 2004), were to be avoided – the main Government departments were all signatories of the UK strategy (UKADCUC 1998).

In implementing such complex cross-cutting policies, it has been suggested in Chapters Two and Seven, that accountability was blurred at both the Government departmental

level, and, further suggested in Chapter Seven, also amongst the local organisational partners attempting to translate the policy into action. There were expectations of, and assumptions made, about the degree of managerial control over the local policy process, that were not borne out in reality, and a failure by central Government to acknowledge the multiple levels of governance that such a policy would need to embrace. It was against this policy context that this research set out to identify the factors and constraints affecting the successful implementation of a centrally-driven UK policy initiative, of DTTOs for drug misusing offenders in Wales. In answering the research question posed, the key findings from this study are discussed in the context of the published literature. This chapter has been structured to respond, in turn, on each of the objectives set in answering the research question.

Before moving on to explore these key findings, one of the aspects worthy of discussion, is the methodology employed, on which a number of reflections are made below.

9.1. Reflections on the methodology.

Evaluations are always bounded by considerations of inclusion and exclusion, practicalities and resources. The field of study and topic chosen were seen to inhabit a complex field of literature and academic debate, and represented a challenge for defining the study focus. One of the early commitments made, in this study, was to ensure that multiple stakeholder perspectives, for informing judgments, were an important contribution in achieving a balanced picture. The literature had illustrated that traditional approaches to evaluation had failed to recognise the vagaries of the policy-making

process, to reflect the ambiguities within local agencies and the complex nature of organisations as constituted by various vested interests, both individual and groups.

A growing confidence in eclectic approaches was noted from some commentators (Davies 2000; Coote et al 2004), but it was seen that a shared theoretical framework for conducting evaluation across Government departments had yet to emerge, and furthermore, consensus had not been achieved on the best methods for evaluating complex community-based initiatives. Indeed, many of the difficulties in evaluating a complex cross-cutting community-based initiative were seen to inhabit this study: the problems of size, speed of roll-out, focus on addressing multiple problems and shifting political environments, all were acknowledged in the literature by Coote et al (2004).

The design of this study, to move away from a single perspective research approach to one which has reflected the complexity and dynamics involved in putting policy into action, promoting stakeholders as co-owners in evaluation, was an approach supported by Smith and Cantley (1985); Caves (1988); Guba and Lincoln (1989) Jones and Hunter (1995); Davies, (2000) Palfrey et al (2004) and Hill and Hupe (2005), among others. By adopting a pluralistic approach to the evaluation method, appropriate to this particular policy and context in which it was organisationally located, an emphasis has been placed on naturally unfolding programme processes, differences in experiences, to identify successes and barriers for both replication of projects and inform future policy development. Context bounded inter-relationships, inter-dependencies and differences were considered particularly important in such a collaborative partnership initiative. This

study, in employing qualitative research methods to assist in formulating and focusing key evaluation questions, sought to understand this context within which this policy was framed and implemented; an approach advocated by Davies et al (2004).

Of particular interest in this study has been to adopt an approach to capture the legitimate interests of the local organisational stakeholders, achieved in this study through defining the evaluation criteria; a move towards what Palfrey et al (2004) have termed a more 'equitable' evaluation, through the inclusion of local organisational stakeholders. The approach sought to limit the impact of dominance by professional power and politics, and maximise the advantages of pluralistic approaches, as advocated by Smith and Cantley (1985).

From the outset, this study was planned and coordinated in anticipation of the various interest groups, as advocated by Patton (1997). However, the national decision on the re-organisation of the Probation Service and, subsequently in Wales the health service, were unanticipated consequences which inevitably impacted on the research timetable, the achievement of which was further compounded by the frequent changes, within the local service, of senior probation and DTTO project managers. These staff changes represented a significant obstacle to the progress of the study, (notwithstanding to local implementation of the policy), as despite initial agreement at Chief Probation Officer level this had to be re-negotiated on a number of occasions throughout the timetable, with uncertainty surrounding the level of access at a number of points while the study was in progress.

In addition, it was asserted in Chapter Four that pluralistic policy presented a challenge to evaluation theory and the craft of evaluation. The political and managerial activities of evaluation research, to which Rossi and Freeman (1993) referred, were certainly put to the test in this research in seeing it through to its conclusion, as illustrated above. The evaluation was planned and coordinated in anticipation of the various interest groups, through a stakeholder mapping exercise. It was this very diversity of backgrounds and perspectives that offered a positive contribution towards reducing bias, by dissipating dominance and power influences that can occur in multi-stakeholder evaluations, and in developing evaluation criteria.

The complex mosaic of policy processes and evaluation research were features seen within this research, with the range of data sources utilised chosen to represent this 'mosaic nature,' by contributing to depth and breadth of perspective; an approach advocated by (Rossi and Freeman 1993). However, it is recognised that the agency quantitative secondary data was limited, and its reliability, in doubt. This data set was not the first choice of data, as despite several attempts to generate primary data at the point of offenders' entry on to the programme, this could not be achieved due to organisational change and staffing issues; these are discussed further in the sections that follow.

The issue of 'context', in extracting the data from the local setting within which this policy was implemented, was a fundamental evaluation principle in this study. Contextualised understanding of effectiveness has been argued for, throughout this

study, as a means of providing a more secure basis upon which to extrapolate research findings to other sites and settings, and thereby increase confidence in external reliability.

The combination of methods in the consensus approach adopted, with the systematic collection and aggregation of informed judgments from a diverse range of front-line policy implementers, was an approach cognisant of the complexity and plurality of the policy itself and, seen to be in accord with the view of Palfrey et al (2004) in their advocacy of pluralistic approaches to policy evaluation. However, it is acknowledged that a limitation in data was imposed on this study through the failure to secure interviews with offenders who had terminated early from the programme.

The planning and management of this study was undertaken from two perspectives; firstly was there sufficient, relevant, reliable and rigorous evidence available to provide a view on its likely success in implementation; and, secondly, whether it could work in a particular context, that of South Wales. The design of this study attempted to move away from a single perspective approach, to one which reflected the complexity and dynamics involved in putting policy into action. By adopting a pluralistic approach to the evaluation method, appropriate to this particular policy and context in which it was organisationally located, an emphasis was placed on naturally unfolding programme processes, differences in experiences, with a view to identifying successes and barriers for both replication of projects and future policy development. In employing qualitative research methods, to assist in formulating and focusing the key evaluation questions, the

study sought to understand the context within which policies were both framed and implemented, as advocated by Davies et al (2004).

In answering the research question, the key findings from the study are discussed in the context of the published literature. Detailed analysis of the findings has been reported earlier in Chapters Seven and Eight and where relevant, categorised according to the evaluation criteria derived from the Delphi approach adopted in this study. A summary of the research findings is detailed below, before moving on to consider these findings in the context of the objectives set in answering the research question.

9.2. Summary of findings.

9.2.1. Extent of drug problems.

Determining the prevalence and incidence of local drug misuse was a difficult task and a significant challenge for local agencies. Probation service data for the period 1 April 1999 – 31 March 2000, the year prior to the introduction to the DTTOs, were analysed and although not part of the empirical research for this study, assisted in setting the local context on the extent of the problem, and highlighted a number of interesting issues which are reported below:

- difficulties were experienced in estimating the level of drug-related crime within the offending population in contact with the South Wales Probation Service as data was dependent on individual probation officer accurate recognition, coding and entry into the database

- probation orders were the most frequently imposed sentences for offences where drug misuse had been identified even before the introduction of DTTOs
- custodial sentences were frequently used for young offenders where their offences were categorised as drug-related
- the offences of motoring and theft were the most commonly seen pattern of offences associated with serious drug misuse in this study
- utilising the probation service data and applying assumptions based upon published literature (Home Office 1997; Edmunds et al 1998; DPAS 1999) an estimate of the numbers of DTTOs that could be anticipated in the first year of operation was derived, but limitations imposed from the data were substantial, and numbers of Orders issued could be influenced by a range of external factors, not least the confidence of the Court.

9.2.2. Service activity data.

DTTO activity data across a range of variables, for the period 1 April 2003 - 31 March 2004 were extracted from the Probation Service database. Not all variables were routinely reported and therefore only a selection has been reported within the study. In addition a profile of characteristics for each offender interviewed was collated. A number of limitations were imposed on these data sets; these have been discussed in Chapter Eight. The main findings from these data sources are highlighted below:

- over three quarters of those who commenced a DTTO during the period 1 April 2003 - 31 March 2004 had their Orders revoked for failing to comply with the requirements

- the median duration of offenders on the order at the time of interview was 6 months
- the most commonly reported type of offences reported associated with a DTTO was theft
- 45% had no previous contact with a drug treatment agency
- heroin was the primary drug of misuse in all this interviewed with 85% reporting that they took the drug more than once a day and most frequently by injection
- almost half of cohort reported using combinations of heroin and cocaine, requiring significant sums of money, almost all interviewees were unemployed
- 68% of the cohort of offenders interviewed in this study were male; the median age of offenders at time of interview was 28 years and 95% were unemployed
- half did not have a person they could regard as a 'supportive other'
- 38% of offenders interviewed had children, although not all were living with the parent at time of interview
- out of the cohort interviewed, 65% had dropped out of school before the age of 16 years
- 65% reported they had been under the age of 16 when they first committed an offence with 10% of these under the age of 10 years
- 40% reported that the estimated amount of money they spent on drugs was £100-250 per week
- half of the cohort interviewed reported mental health problems, many of which were not receiving treatment for these problems

- the reported lack of educational attainment and poor school attendance were striking features in the cohort interviewed.

9.2.3. Findings as they relate to the evaluation criteria.

The Delphi approach developed four criteria upon which this evaluation study was. The first of these, which achieved the highest degree of consensus from the first ranking round,

- *effectiveness of intervention* – the achievement of the stated treatment objective, was judged to relate to the study data on the lack of outcomes, poor recording in casefiles and the high numbers of offenders who failed to comply with the requirements of the Orders.

The second ranking round elicited three further criteria.

- *Efficiency* – the ratio of benefits (outputs/outcomes) to costs, was judged to relate to the study data on the high numbers of offenders who failed to comply with the requirements of the Orders, the consequential poor benefits realisation in terms of cost consequences arising from this level of performance and the lack of outcomes.

- *Effective organisational processes* – structuring organisational processes to secure achievement of objectives, was judged to relate to a range of internal processes and the degree of ownership to the policy objectives by local key organisations as partners in the policy implementation process.

- *Accountability in the local process* - who is accountable for what and how locally,

was judged to relate to the relationship between the Probation service and the Drug Treatment Provider and to the governance arrangements in the delivery of this complex cross-cutting policy at the local level.

Through the Delphi approach a new criterion emerged that would appear to bear out the complexity and diversity of organisational involvement stakeholders perceived was important in implementing the policy at a local level - *effective organisational processes*. The remaining criteria were replicated within the literature (Maxwell 1984; NHS Executive 1999 and Palfrey et al 2004). It was interesting to note that fidelity to the national policy objectives, did not attain a high degree of consensus as an important criterion, nor was access, a key policy objective reflected in national strategies to increase the number of offenders in contact with drug treatment services (UKADCU 1998; National Assembly for Wales 2000a).

In taking each criterion in turn, a summary of findings, from both the front-line stakeholder interviews and those with offenders in the programme, is presented below:

Criterion: Effectiveness of interventions:

- problems were experienced early on in formalising and agreeing on a treatment programme and treatment models persisted some three and a half years into the local implementation

- a lack of cohesion, inconsistencies in approach and difficult relationships between the four local DTTO offices were a common theme
- offenders held positive views on the OSAP programme, but some questions emerged as to whether the therapeutic intensity and duration of this programme adequately reflected the serious nature of the drug misuse problems of those participants on DTTOs
- some resolution of tensions in relationships between other local drug treatment providers had been achieved, but where these remained, this was attributed to the competitive nature of access to WAG funding, which was viewed as a constraint in relationship formation
- concerns remained about the unintended policy consequences that could arise if offenders committed crime as a short-cut to accessing local drug treatment
- a need for corporate responsibility by service commissioners to securing robust clinical governance arrangements where services were provided outside of the local statutory sectors
- a lack of access to aftercare arrangements and formalised transfer of care arrangements between the DTTO drug treatment provider (a voluntary sector provider) and the statutory drug treatment services
- expectations on the pace of change, and the significance of the degree of lifestyle changes demanded in achieving positive outcomes, was not well understood by probation staff, nor reflected in policy guidance and the National Standard

- limitations imposed by the Court timetable were perceived by drug treatment staff interviewed to be an impediment to the provision of quality treatment interventions
- the testing component of the Order had not experienced problems similar to those in the pilot site areas
- tensions were reported in data housing and sharing of information between the probation and drug treatment staff and the corporate responsibility and accountability for storage of patient-identifiable information (as would be defined within the NHS) was unclear, and was an example of the application of different standards between voluntary and statutory sectors
- problems arose in the uniformity of monitoring and recording of offenders' progress that challenged the validity and reliability of reports produced for Court reviews
- sentencing practice was seen to reflect the relapsing nature of drug misuse through concurrent and recurrent issuing of DTTOs
- amelioration of the primary policy aim of cessation of drug misuse and offending, to one of reduced activity in these areas, was reported to be recognised by the Courts and reflected in sentencing practice
- ethos of treatment was acknowledged as a reduction in the harms associated with drug misuse, but this was not operationalised in practice via a structured treatment programme that set and monitored progress against a range of well published outcomes

- challenges and tensions were acknowledged between the fine balance required in the DTTO for compliance with the need to enhance offender motivation in progression of the Order and in managing breach proceedings, but the different philosophical perspectives between enforcement and drug treatment staff on this issue was acknowledged
- a very narrow policy interpretation on success in terms of outcomes was evident, utilising the measure of numbers of commencements on the Order, and little local knowledge disclosed on how the impact of this policy, in achieving health improvement and reductions in crime, was to be measured, both nationally and locally
- the requirement to comply with the National Standard for DTTOs was a significant source of tension between the probation and drug treatment staff and there was a lack of local agreement as to how this was to be monitored
- the relationship between the Court and offenders was the most dynamic and powerful cultural change emanating from this study, requiring sentencers to portray a balance between critical friendship and enforcement – this was viewed by offenders as one, if not the most, powerful and rewarding influencing factors of this programme
- offenders interviewed reported that defence solicitors, friends and other drug users, and prisoners were the three main sources who advised them on the existence of the programme

- overall, of those offenders interviewed, the level of information imparted on the nature and expectations of the programme had been sufficient to enable them to make an informed decision to consent to a DTTO
- there were differences in the range and structure of programme activities between the four DTTO area offices.

Criterion: Efficiency:

- despite recognising the relapsing nature of drug misuse, front-line stakeholders interviewed (staff) reported that the service had not collated local data on reconviction rates for offenders with previous contact with DTTOs
- recurrent and concurrent DTTOs could be issued by the Court, as confirmed by staff and offenders, but staff respondents lacked an evidence base upon which they could judge if the policy objective of reduced costs to the criminal justice system had been, or would be, achieved
- staff respondents felt constrained in tackling other problems of addiction, such as alcohol, by the policy focus on illegal drugs
- some staff were of the view that local implementation had been compromised and were highly critical that centrally allocated funds had been returned to source, rather than utilised within the local service – this having a recurrent consequence on the local service
- it was perceived that the withdrawal of ring-fenced status to the DTTO finances had resulted in a reduced allocation; however, this was not shared by all as a negative event, as it was felt that it facilitated a greater degree of flexibility to

work with partner organisations in determining how funding could be spent in future

- there was a perception that partners remained critical of central policy dictat that offenders in the criminal justice system took precedence over decisions based on clinical need for services for other members of the public
- high levels of staff turnover were reported among both managers and practitioners, and was seen as inefficient with the service constrained by a small pool of suitably skilled and experienced staff from which to recruit
- with each new service manager, different perspectives were reported to have emerged on how the service should be managed, adding to the inconsistencies in approach and offender/staff relationships - this made it difficult for the policy to embed
- different perspectives emerged on the availability of staff training to support the programme with deficits identified as different types of treatment models, groupwork skills and offending behaviour
- in contrast, training for sentencers was reported to have been a priority to support local implementation
- the Court rota was reported to have received a focus of attention to enable an offender to appear before a sentencer specialising in DTTOs, and one who had prior knowledge of the offender
- a majority of offenders interviewed reported they consented to a DTTO as they were motivated to make positive lifestyle changes

Criterion: Effective organisational processes:

- some staff were of the view that too little attention had been paid to systematic planning for local implementation
- the staffing problems encountered and the on-going problems relating to the retention and recruitment of probation and drug treatment staff, was reported to result in limited contact with offenders
- the inconsistency of approach to treatment and enforcement activities was a cause of tension, with this issue raised by staff and offenders alike
- most of the revocations of DTTOs originated from two of the four local DTTO offices in the period under analysis, but the reasons for this were unclear – one of the sites had experienced significant staffing problems and poor quality in case recording had also been seen at this site during the fieldwork
- concurrent and recurrent DTTOs were evident, thereby recognising that for some, particularly those using stimulant drugs, a longer duration of Order was required
- discretion and individual offender circumstances, behaviour and motivation were all factors reported to be taken into account by the Court in managing the breach process and a graded response of sanctions was reported to be operating
- women offenders and offenders from ethnic minority groups were under-represented in the DTTO population at the study site
- those offenders interviewed who reported having a supportive relationship with a significant other all advocated for their involvement in the DTTO programme

Criterion: Accountability in the local process:

- drug treatment staff were critical of the official measure for determining the success of DTTOs, in that it failed to reflect the positive aspects that could emerge through the programme
- the lack of attention reported for systematic planning in implementation, the lack of a structured treatment programme and ownership of the policy, both internal to the DTTO service and with other partner agencies, was seen as management weakness by some probation and drug treatment staff
- significantly, the weakness in clinical governance arrangements were recognised at the fieldworker level some three and a half years into implementation, but were not seen to have been addressed with corporate action
- inconsistency of approach to treatment and enforcement activities was again a cause of tension and raised by staff and offenders alike
- the tensions reported in data housing and sharing of information were seen by respondents who raised these issues as a weakness in accountability
- the weakness in monitoring and recording on offenders' progress seen through the fieldwork for this study, and reported by sentencers to have been a problem, could be seen to challenge the validity and reliability of reports produced for Court reviews
- positive offenders' perceptions on the role of urine testing in holding them accountable to the Court for their actions
- the Court review process was held in high regard by many of the offenders interviewed

- the risks offenders posed to their children, through drug taking and impaired parenting, were not evident in service responses.

Future needs for the service were identified by some frontline stakeholder respondents and can be summarised as broadly focused on a greater range of treatment/support services, a stable staff base, improved management arrangements for consistency in practice, funding to support transfer of care to other drug treatment services, funding for DTTOS commensurate with targets levied by the Home Office and leadership within Wales for implementing central government driven initiatives.

The most helpful elements of the programme, reported by the majority of offenders were identified as the testing element of the programme (as both a positive reinforcement and also as a threat derived from sanctions) and the structure imposed by the programme. The least helpful elements related to the restrictions and tensions imposed by public transport, the frequent changes in staff, the duration of the DTTOs was too short and a recurrent theme of problematic staff/offender relationships at one of the four DTTO Area Offices. One of the concerning issues, which although only referred to by a small number of offenders, but had the potential for serious detrimental effects, was the reported presence of drug dealers in the vicinity of two of the four DTTO Area offices

A discussion will now follow on this study's findings, as they relate to each of the objectives set in answering the research question.

9.3 Objective: to determine the extent of the drug misuse problem in the offending population within the geographical area in which this study was conducted and derive an estimate of the potential number of target offenders for DTTOs for the first year of implementation.

It has been seen in Chapter Five that reducing the prevalence and incidence of drug misuse was a key priority of European, UK and Welsh drug strategies. The value of information, and its evaluation, was asserted as a core element for framing policy action (EMCDDA 2002). However, the limitations imposed by national surveys' insensitivities to local circumstances have been acknowledged, and composing a picture at the local level was a difficult task, both in terms of compiling the local profile, and in demonstrating how local action was contributing to reducing prevalence rates, not least because of the difficulties in attributing causal relationships. Indeed, even where a Welsh system was seen to be in place, as in this study, extreme caution and limitations on the interpretation of the data were advised, yet a focus in many policy documents can be seen to involve the undertaking of local needs assessment to inform the planning process. To do so, required an infrastructure and relevant staff skill base to be available across the partner organisations, which was not present as evidenced in this study.

At the time of the planning for the DTTO national roll-out, local services had very little information on prevalence, and therefore, three approaches were adopted to examine the nature of the local problem. Firstly, UK and Welsh published data from official monitoring sources were examined; secondly prevalence rates from national research

identified; and thirdly, service activity data were extrapolated from the Probation Service database, within the geographical area where this study was undertaken. The formidable challenge that arose in estimating the potential numbers for DTTOs (for the first year of implementation), the data variables required and their reliability have been highlighted in Chapter Four, which concluded that the estimate derived, only represented a best 'guesstimate'. The definitional difficulties and reliability of data encountered locally were confirmed by the literature (Nee and Sibbitt 1993; DPAS 1999).

This study's findings, from interviews conducted with offenders (n=40) and through the analysis of data in these offenders' characteristic profiles, found that 42% of the cohort reported truanting, and 65% reported they had been under the age of sixteen when they committed their first offence. Although this study did not report on the aggregated number of convicted offences by the cohort, all offenders interviewed (n=40) reported that they were, or had been, frequent offenders. These findings appear to accord with those of Becker and Roe (2005), who concluded that patterns of drug use amongst young people were at their highest levels in serious or frequent offenders and in truants.

Analysis of the twelve-month local Probation Service data (1 April 2003 – 31 March 2004 reported in 8.2.1.) also indicated that dealing with offenders categorised with a drug related offence, or a recorded drug problem, by imposing a community sentence (Chapter Four), was not a new phenomenon introduced via the DTTOs; it was the most frequently used sentence disposal for these groups of offenders prior to the policy introduction. The DTTO policy aimed to introduce a much more structured approach,

but the extent to which the local services achieved this policy ambition, some three years post-implementation date, was reported by interviewees as not to have been realised in practice. A further observation made from these data, in relation to sentencing practice, was that many young offenders with drug related convictions received custodial sentences. Clearly it was outside the scope of this study to investigate this finding and therefore to comment on the appropriateness of this practice. However, it is suggested that this finding is worthy of further investigation and is of relevance, in the context of the comments made by Turnbull et al (2000), on the potential for extending drug treatment interventions for young offenders through the criminal justice system.

In considering how well the local service targeted the DTTOs in line with the Home Office guidance (Home Office Criminal Policy Group Circular 2000a), for the cohort of offenders interviewed in this study, a comparison is reported in Table 23. It was evident that offender characteristics for this cohort (n=40) did not conform to the Home Office target group in two aspects; firstly, burglary was not the offence most commonly associated with drug misuse in the local population interviewed, and secondly, half the cohort interviewed did not have a 'significant other' to support them through their DTTO and the associated lifestyle changes. This latter finding may be one of the local constraining factors to achieving successful implementation of DTTOs, as the literature has identified it as a key component to achieving successful outcomes (Home Office Criminal Policy Group Circular 2000a; Observer 22 July 2001).

Table 23: Comparison of local performance against Home Office target audience.

Home Office target group	Local findings n=40
Age of offenders recommended at mid twenties	Median age 28 yrs
Length of time in drug misuse	55% had first used the drug heroin between ages of 16-19 years 42% of those who reported using cocaine had been over the age of 19 years when they first used this drug
Targeted at those who used heroin, cocaine or amphetamine as main drug –	All offenders interviewed (n=40) reported heroin as main drug with 85% reporting they took the drug more than once per day.
Stable accommodation	90% reported having stable accommodation
Types of offences most commonly associated with drug misuse: Burglaries Theft Drug offences Motor offences	N = 0 N = 25 N = 20 N = 15
Supportive significant other	Just over half of the cohort did not have a supportive other

Sources: Home Office Criminal Policy Group Circular 2000a; Chapter Eight (3).

9.4 Objective: to develop expert stakeholder derived criteria for evaluating the success of the local policy implementation.

This study aimed to capture the legitimate interests of stakeholders in contributing to policy evaluation, seeking to develop an equitable evaluation capable of demonstrating diversity of views and measuring the impact of the programme on the vested interest groups. The approach to Delphi utilised in this study, was not an end in itself, but a means for group communication to reflect the local policy stakeholder perspectives that would emerge through implementation of the policy in the local context. The rationale

for adopting a modified Delphi, as a means of harnessing group communication and reflecting the pluralistic perspective, is considered a strength in this study as a contribution to expanding the knowledge base. The modifications made for the purpose, and the use of face-to-face interviews, as opposed to the traditional method of questionnaires, were not seen to impair the advantages of the approach seen in the literature (Delbecq et al 1975; Dawson and Baker 1995 and Murphy et al 1998).

The unstructured approach to the interviews with the expert stakeholder panel members reduced bias that might otherwise occur, in that it enabled a more open debate, unfettered by a highly structured approach that face-to-face interviews, or questionnaires, might have produced.

One of the challenges that arose was in considering how to respond to the criticisms seen in the literature, on how to determine when consensus was reached. An approach that involved the setting of a percentage level was identified. However, diversity of view was seen to exist in the literature in deciding on the threshold one could confidently use to predict when consensus was achieved. Adopting a percentage based approach, for this study, for a group small in number, could have been significantly influenced by one divergent viewpoint and the results consequently skewed. As discussed in Chapter Four, the median value was utilised, as the distribution of scores was not normal, to reflect the relative importance attached to the criterion, and the inter-quartile range to reflect the extent of variation around the mid-point estimate.

The outcome of the Delphi approach developed four stakeholder criteria upon which the study was based, however, A new criterion emerged through this study that would appear to bear out the complexity and diversity of organisational involvement that stakeholders perceived was important in implementing the policy at a local level - *effective organisational processes*. When considered alongside the derived criterion of ‘accountability in the process’, it can be seen that concerns emerged about the various organisational relationships, and the organisational ‘fit’ in relation to the policy objectives, that would be required to make this policy a success. In this regard the organisational context, the socio-economic environment, culture and other determinants were seen as highly relevant in attempting to ascertain if the policy could work, and support for the inclusion of these aspects in policy analysis was confirmed by Haynes (1999).

9.5 Objective: to identify key successes, obstacles and constraints in the local policy implementation process.

The importance of identifying the successes and failures to assist in the replication of projects and the importance of context has already been asserted throughout this study. Pawson and Tilley (1997) argued that researchers needed to be informed of the policymaker’s overall theories on the outcome benefits of a programme. However, as has been seen, the aim of the policy was to reduce reoffending rates; no outcome measures in relation to health improvement were specified, despite the policy adopting public health measures as the mechanism of intervention.

The degree to which an initiative is seen as successful, it is argued, is influenced by subjective and objective judgments, and is, to a large extent, not only dependent upon the explicit measures established for the programme, but also the degree to which an individual may consider it to contribute to their own agenda; be that political, organisational or personal. The methodology for seeking out the views of the local front-line policy implementers has been reported in Chapter Four. This group of stakeholders contributed to the 'bottom-up' analysis of the policy implementation process in the pluralistic approach to evaluation adopted in this study. Some three years into implementation, many of the local inter-agency problems and constraints experienced within the local context, and reported by interviewees, were replications of those reported by Turnbull (1999) and Turnbull et al (2000) in the evaluations of the DTTO pilot sites. Such confirmation of findings would suggest that issues of context were important for successful policy implementation, but the influence of context was not addressed at the national level in formulating the policy, nor in the national guidance to support implementation, as such guidance was seen to be uniform and directive.

9.5.1. Factors leading to successful policy implementation.

The findings from this study, although located in one locality, contribute in moving forward the debate on factors that may support successful policy implementation processes. Some considerations to contribute to this debate were offered by front-line stakeholders interviewed. Some of these were seen to coalesce with a number of the challenges, tensions and weaknesses they identified during the interviews, and where confirmed within the literature, this has been indicated:

- a cohesive, sustainable leadership
- an emphasis on in-depth and structured team training at the early planning stage to agree the team and service philosophy and structure the programme, facilitate clarification on team members' roles and enhance whole team commitment to the aims of the programme
- access to sufficient resources to implement the agreed programme
- a focus on quality and intensity of programme interventions - (Home Office Online Report 26/05)
- a stable staff base - (Turnbull et al 2000)
- training provided for key stakeholders
- agreement with partners on access arrangements for contingent services or development of a partnership agreed (care) pathway
- effective team communication and dissemination of evidence base for practice interventions to whole team
- the value of structure and routine in a programme design
- emphasis on individual accountability for actions but supported by organisational cultural shifts in traditional modus operandi to enhance and support motivation.

Other factors seen within the literature identified a direct relationship between higher levels of implementation, and success in attaining goals. However, of relevance for centrally driven initiatives was the conclusion offered by Palumbo et al (1984) that the factors that were more likely to lead to successful outcomes were not those that could be easily transferred between localities. Such a conclusion would appear to challenge the

practice of locating the formulation of centrally driven, complex cross-cutting policy, outside the cultural and political context in which it would be implemented, as these factors, and their replicability, may not be easily understood by decision-makers operating at a distance to the local context.

More recently, research conducted by Hough et al (2003) to evaluate the outcome of DTTO policy on reconviction rates, (the policy objective being to reduce criminal activity), had concluded that it had failed to find any predictors of success, which the research had stated was, in itself, an important finding. The research only offered a limited observation that the key to reducing reconviction rates appeared to lie in keeping offenders engaged with the DTTO; it did not inform on the intervention practices that resulted in these reduced reconviction rates – the ‘how’ and ‘in what circumstances’ (context). Such a finding would appear to present a significant challenge to the rationale for the DTTOs policy and the assumptions made in transposing the evidence base, on the effectiveness of drug treatment, to the context of the criminal justice system.

The twelve month data set analysed in this study, and discussed in Chapter Eight, indicated that a third of those who commenced the programme during this period, also terminated during this period (n=106), and that of the total number who had commenced (n=308), 7 had successfully completed their DTTO. It was seen even from the limited timeframe in this study that the local service was losing a significant number of offenders from the programme, and therefore was in contention with Hough et al’s (2003) findings reported above. Furthermore, this poor local retention rate with the

additional criminal justice costs that ensued could be seen to challenge the levels of savings the Government claimed could be derived from this policy. However, the twelve-month data set was too limited to conclude how successful the service was in retaining offenders on the programme, as a trend analysis over a longer period of time is needed. It could be argued that in the early years of the programme, a factor that may have contributed to these early terminations could have arisen from poor assessment processes, a feature of Probation practice that Nee and Sibbitt (1993) had commented on in earlier research, and poor targeting of potential offenders for DTTOs, illustrated in this study by the weaknesses in the reliability of the Probation Service activity data. The implementation problems and inter-agency tensions already identified could likewise have exerted a high degree of influence on offenders' ability to remain engaged with DTTOs, as there was evidence to suggest that the full range of their needs were not being met by the programme.

It was surprising to find such a high degree of tension between the enforcement and drug treatment service components, given that the drug treatment service provider was experienced in delivering such treatment within a criminal justice context in other parts of the UK. The final evaluation report on the pilot sites, (Turnbull et al 2000) had pointed to a need to recruit staff experienced in joint working and committed to drug misuse within the criminal justice environment. Given this compliance with the evidence base it may be that the jurisdictional, cultural and political issues may be significant influencing factors in implementing this policy initiative in Wales.

It has been argued that significant handicaps remain for those initiatives imposed by central government, relative to those championed locally. At times of general elections manifestos may be developed to attract voters in marginal constituencies or in response to more general public concerns, as illustrated in the 1997 election with the promise to be ‘tough on crime and tough on the causes of crime’; and furthermore, not all policies will receive public support, as was the case in the Conservative’s introduction of the poll tax. Policy developers may not appreciate the degree of hostility and unintended consequences that can emerge in different locations, and as different people interact with the policy, at a local level. These contextual, cultural problems and tensions are likely to remain so where central Government control is exerted through policy initiatives which fail to understand and accommodate the impact of context in replication of policy to local settings. It is therefore further argued that, the limited evidence base to inform on contextual issues for replication of projects, and support national roll-out programmes, would seem to suggest, that centralised policy initiatives may not be the best way of tackling complex cross-cutting societal problems, but that rather, Government should support local organisations by putting in place the mechanisms to support locally sensitive, contextualized responses, within an accountability framework of local democracy.

9.5.2. Obstacles and constraints for successful policy implementation.

A major failure of policy processes may have arisen through the failure of the Home Office to recognise differing jurisdictional contexts, derived from the constitutional change to devolved government, combined with the failure to reflect these changes in

the guidance about how these interventions were to be coordinated in Wales. These issues of differing jurisdictional accountabilities for policy, (devolved accountability in Wales for health, education and social policy), could be seen to have also led to some confusion at the local level. Such an omission in central guidance for clarity across all jurisdictional contexts, to which the policy applied, it is argued, was an impediment to achieving successful policy implementation.

During the lifetime of this study, two Probation Service change processes were operating; a major organisational change of Probation Service boundaries with consequential staff changes, and the implementation of a new high profile policy, introducing new partnership arrangements, involving complex health treatment interventions, with inherent corporate and managerial responsibilities and challenges to enact. Furthermore, senior managerial leadership within the Probation Service for the implementation of this policy was seen to change hands, several times, between 2000 – 2004, and was not only a factor for the implementation of this policy, but also posed a risk to the future of this study and impacted on the timetable for the data collection. The reported under-utilisation of the centrally allocated resource for DTTOs, also arose during these early years and was judged, by several staff interviewed in this study, to have had a consequence on the future level of funds secured from central Government sources for implementing the DTTO policy locally.

The managerial changes that arose, both from the Probation Service organisational change, and the turnover of DTTO Project managers, resulted in staff with differing

perspectives on how the DTTO service should operate. These changes meant it was difficult to achieve service consolidation, and not only resulted in a lack of consistency for staff, but also, significantly, for offenders. Furthermore, the rapid turnover of front-line probation and drug treatment staff impacted on consistency of key-worker for offenders, and was disliked and viewed as problematic by offenders interviewed.

A number of barriers to successful implementation were identified from responses by interviewees, these are listed below:

- emotional responses from staff when required to perform new tasks – as illustrated by local staff refusal to enter data onto the Probation Service database
- poor forward planning
- poor communications
- delayed actions to resolve problems – two local examples being the lack of an agreed treatment philosophy and structured treatment programme, some three years into implementation
- politics and ideology
- lack of research-oriented practitioner culture
- individualism of practitioners
- skepticism among policy makers and practitioners.

Such barriers were also reported in the literature (Patton 1997; Nutley and Davies 2004) and it was clear that the philosophical and cultural tensions, as seen in this study, between probation and drug treatment staff, had exerted a negative influence over the

implementation process, not just at the start of the process but continued some three years on. The problems in developing a structured treatment programme may have arisen as a consequence of a reluctance to apply the evidence base in practice, or from problems in communicating and disseminating the evidence between the two main service deliverers, probation and drug treatment. The individualism of practitioners was compounded by the failure within the service to agree on a treatment philosophy and develop a structured treatment programme; this could also be interpreted as a weakness in accountability. In addition, local policy makers within partner agencies demonstrated their skepticism of the policy through a reluctance to engage in partnership working. Dissonance between the views of staff and those of offenders on the required pace of change in the programme and understanding of the difficulties offenders faced in making such major lifestyle changes, was also an issue raised during the interviews with offenders.

Drug treatment staff reported that practical problems arose in complying with the Court timetable for undertaking joint assessments and reporting back to the Court for sentencing. In part, this arose as a consequence of the staffing problems experienced, but also through the increase in the number of Home Office commencement targets. It was reported that this pressure impacted on the ability of the drug treatment provider to deliver high quality treatment interventions; this may have been a contributory factor in the delay in establishing a structured treatment programme.

In contrast to the evaluations in the pilot sites (Turnbull 1999; Turnbull et al 2000), this study did not highlight significant problems in securing continuity of sentencer, and the evidence on the importance of this relationship was consistently confirmed through the responses of those offenders interviewed. It would appear that this was such a fundamental contributor to successful implementation of the programme, and confirmed as such in the American and UK literature (Straw 1996; Bean 2001; Nolan 2003; Home Office 2005), that the conditions to achieve this should have been laid down by the Government and the Department of Constitutional Affairs, much earlier during policy formulation stage. This omission was in contention with the evidence base and, as argued in this study, to be illustrative of programme theory failure - as policy formulation had failed to recognise this as a fundamental component of the underlying theory.

The conflicting cultures and inter-agency problems experienced were attributed by managers as a cause for the reported high levels staff turnover. Such a finding was confirmed in the literature by Turnbull et al (2000), as the most significant factor for the national roll-out of the programme, and as a consequence of joint working on a difficult enterprise.

The location of the local treatment sites for offenders, and rigid timetables that were imposed, posed some problems for offenders. These problems may have undermined the efficacy of the DTTO programme; in particular, for those with poor access to public

transport and for those with childcare responsibilities. Both of these issues had been identified in the pilot site evaluations (Turnbull 1999; Turnbull et al 2000).

There was potential for operational tensions to emerge in areas of practice; particularly where such practices had a consequential impact of increasing costs in other areas of the criminal justice system. Much had been made by Government in communicating this public policy initiative, of the cost-savings to the criminal justice system and society as a whole that would ensue from providing drug treatment to problematic drug misusing offenders. Difficult operational judgments were called for in ensuring that the motivating benefits that derived from testing, an aspect of the programme that offenders felt was successful, continued to be maximized, that the requirements laid down by the national standard were met, as were the expectations of the Court; all balanced against the financial constraints. The evidence from the pilot sites (Turnbull 1999; Turnbull et al 2000) had suggested over-zealous testing procedures during a national roll-out could place the policy at significant risk of failure.

The narrow interpretation of the policy measure of success, as numbers of commencements on the DTTOs, has already been commented on in Chapter Five. This was surprising given the cross-cutting nature of the policy aspiration and the complexity of response required at the local level. Such narrowness, this study argues, failed to demonstrate the relevance of the policy to organisational partners, as many of these would not consider reducing criminal activity was their primary organisational function, and for some, organisational and policy accountabilities were not to the Home Office. A

more discerning approach to the setting of policy objectives is called for that articulates the real benefits for all stakeholders – to answer the ‘what’s in it for me’ question.

Another impediment to policy implementation in Wales identified by this study was the differential approach to the funding allocation route. As discussed in Chapter Five, this failed to engage and motivate local partner organisations with the temptation of new monies for service development, and also failed to assist in integrating this service with other drug treatment and criminal justice interventions at the local level. Secondly, there was some evidence to suggest that the decision to roll this policy out nationally was premature, as the optimism that originated from the interim evaluation of the pilot sites (Turnbull 1999) was not borne out in the final evaluation (Turnbull et al 2000), yet the decision had been taken before the publication of this final evaluation. Thirdly, the claims for evidence-driven policy were unsubstantiated in the context in which this policy was implemented, i.e. through community-based drug treatment in the criminal justice system. This study concludes that such an argument could be seen to challenge the Government’s postulation that ‘*what matters is what works*’, as the knowledge base on ‘what works’ and ‘within that context’, was limited at that time. However, it is suggested that an argument might be made to support the view of Davies, Nutley and Smith (2004) in that the DTTO policy could be considered as ‘*evidence-aware*’ or ‘*evidence-influenced*’ (original in italics). However, this in itself, raises further issues about the ‘nature’ of evidence and how it is used in its relationship to public policy making.

The argument being developed that, at the national level, the policy failed to put in place the necessary conditions to support the mechanisms for successful implementation, continues to be asserted in this study. Although a number of local implementation obstacles have been identified, a significant constraint for the successful implementation of central government policy initiatives, is considered to have been initiated by a lack of policy integration at the national level. The failure of the Home Office to engage the Department of Health in the policy formulation, as confirmed in evidence to HM IP (2003), compounded by the lack of consideration of the impact of constitutional change on operational processes arising from devolution, it is argued, were illustrations of fundamental programme theory failure.

9.6 Objective: to identify the extent to which socially located interpretations, culture and structures, have constrained the successful implementation of the policy.

9.6.1. Policy formulation

It has been discussed in Chapter One, that the challenge for politicians, in developing public policies to tackle the multiplicity of societal problems, carried with it a responsibility to enact those policies in a systematic way, and that, in so doing, micro and macro political considerations and decisions were involved (Palfrey et al 2004). A further challenge to policy processes has been generated through the devolved governmental administration arrangements, (Government of Wales Act 1998), and the jurisdictional tensions that emerge where policy decisions at one level may impact, or not accord, with policy derived from within the context of devolved government.

Having seen that policy formulation was a dynamic process with many vested stakeholder interests, and that it was far from being a rational process, as suggested by Friedrich (1994), a series of actions could be presented as problem-solving, but could equally be the thrashing around of a system that needed to be seen as active (but not really knowing what to do). This study identified that Hill (2005) had warned against being deceived by rational action language that politicians were likely to use in such a scenario. It is argued here that this 'rational action language' was evident in the way the Labour Government set out its stall to tackle one of the most complex and challenging of societal problems; to be '*tough on crime and the cause of crime*' (the call to action by use of political rhetoric was a common occurrence, and '*the war of drugs*' a frequent soundbite). The tackling of such complex issues has called for a growing inter-dependence on partnership, inter-professional and inter-disciplinary collaboration in the delivery of policy objectives. The degree to which this local collaboration was evident during this study was significantly in question, as illustrated by the failure of other local statutory agencies to demonstrate fidelity to the policy objectives. The degree of collaboration in the local implementation process seen, through the findings of this study, fell far short of the 100%, advocated by Pressman and Wildavsky (1984). Furthermore, it is argued that attaining such a level of collaboration in policy implementation, a process that has been seen as highly political, is not achievable. This brings into question whether, in this context of a complex public policy predicated on the basis of complex partnerships, policy is capable of demonstrating integrity, or whether it is the case that negative outcomes from programmes could be argued as being more as a result of programme theory failure, as suggested by Nutley and Davies (2004).

The findings in this local study have already highlighted some examples of programme theory failure at the national level in 9.5.2 above.

The policy of DTTOs, could be seen to have a number of policy and evidential drivers, which on the face of it, appeared to support the contention that the policy of DTTOs was formulated, less so from political ideology, but more so in accordance with the Government's philosophy of '*what matters is what works*'. However, this was far from the whole picture, as some fundamental issues arose, not least at the national level. The policy formulation process and the decision made for national roll-out in advance of the final evaluation of the pilot sites, may have been Treasury influenced, in relation to the comprehensive spending review process, all of which, had a significant impact on the policy implementation process at the local level.

A challenge in this study has surrounded just what constitutes 'evidence'. Much of the evidence upon which this policy was predicated could be seen to be grounded in evidence of 'what works' in the context of health treatment interventions delivered in health service settings (DoH 1996; Gossop et al 1998; 1999), and an argument advanced that what is called for is an understanding of 'what worked, in what context'. Furthermore that claims that policy is made on the basis of evidence needs to be moderated to more accurately acknowledge and reflect other considerations that impinge on decision-making; not least those of a political nature.

A number of factors were therefore identified in this study that represented a threat to the integrity of the policy formulation process and in assuring fidelity to the policy objectives - concepts introduced by Tilley (2006) in writing on replication theory. Not the least of these was the lack of consideration at the policy formulation stage as to how this policy was to be implemented. A report on interventions in the criminal justice system reviewed for this study, (HMIP 1998), had identified that programme impacts could vary depending on different legislative and agency contexts. Findings derived from the literature have contributed to exerting a cumulative influence of such significance that, it is argued, they could be seen as illustrations of programme theory failure. The lack of a policy lead for health from within Department of Health at the time that the policy was being formulated (HMIP 2003); the selective nature of the UK policy formulation, taking discreet aspects of the American system without considering how it worked as a whole; the national roll-out at a time of major organisational change and the policy philosophy predicated on the mechanism of drug treatment as the change agent being replicable across differing cohort and context settings, were such examples. Furthermore, such findings would suggest that a much greater understanding of the influence of context in application of drug treatment interventions is required before the calls made by other researchers, such as Turnbull et al (2000), for these types of interventions to be targeted at younger people, earlier in their criminal careers, are adopted as a policy response.

Despite the limitations in this study in terms of the cohort numbers, the empirical findings derived from the offender interviews, and reported in detail in Chapter Eight,

would seem to suggest that the State's education system had a very important individual and societal contribution to make to tackling the social and economic disadvantage that surrounds much drug misuse. However, it is important to view drug treatment as only one component of a broad range of service and therapeutic responses needed to tackle a multiplicity of needs, if individuals are to effect sustainable lifestyle changes. Any policy response must acknowledge the impact of wider social, developmental and environmental factors that lead to social exclusion and economic disadvantage, as advocated by, among others, Seddon (2000), Runciman Committee (2000) and Hammersley et al (2003).

9.6.2. Policy implementation.

The impact, or potential, of drug treatment to reduce levels of crime was widely reported by ministers and by the media, yet the relationship between drugs and crime was not well understood by policy makers. This question of how drug treatment influenced criminal behaviour was acknowledged by, for example, Gossop (2005), as important for the implementation and evaluation of not only treatment programmes, but also for the development of policy to tackle drug misuse. The case for effective treatment could be seen to lie in its potential to reduce problems for individuals and the population that were affected by drug misuse.

The findings reported in this study, on the local implementation process reflected the complexity of the policy, the lack of evidence in determining causality and the organisational inter-dependencies needed to successfully deliver the programme; the

most significant of which was the lack of engagement with the local health services. These findings accorded with those of Pressman and Wildavsky (1984), who argued that the more numerous the reciprocal relationships and chain of causality, the more complex the implementation process.

It has been argued in this study that the role of policy administrators, at the national level, to support policy was to develop the instruments for implementation; a view supported in the literature by Hill and Hupe (2005). The evidence on the local DTTO planning process was seen to have taken place, in the main, in the absence of key health service players, particularly in relation to the commissioners of health services. Making service decisions with new funding can be a good motivator for engaging partner organisations and, as such, money could be seen to represent an instrument for implementation. Had the same approach been adopted in Wales, as had been the case in England, with the funding for the drug treatment managed via the health service commissioners, many of the local problems that were found through this study, in particular, the lack of integration of front-line services, transfer of care arrangements and fast-track access to specialist drug treatment services, may have been avoided or at the very least minimized. It was not clear why a differential approach was adopted, or how this decision was made. However, one of the significant consequences was that partner agencies lacked ownership of, and commitment to the policy objectives, which in this study was considered to represent a failure of these key organisations to demonstrate fidelity to the policy objectives. One of the core challenges that therefore exists for any centrally derived policy, could be seen to arise in circumstances where the reality of

implementation could look different from that conceived in the original format, thereby bringing into question the degree of deviation from the original ideal allowable, while still encompassing that ideal – the issue of fidelity to the policy objectives, as discussed by Patton (1997).

The inappropriateness of expanding programmes when decision-makers acted without understanding the basis of success, has been asserted earlier (Chapter Five), and confirmed by other commentators (Patton 1997). The limitations that emerged through the national DTTO evaluations (Turnbull 1999; Turnbull et al 2000; Hough 2003) for supporting local implementation have also been identified in this local context. This issue of replication is seen as important, as rolling out national programmes has been acknowledged as a complicated process, given that local, economic and political conditions in which they take place are always in constant flux. For practitioners and policymakers, the replicability of results from previous experiences is important, and gauging the lessons to be learned for the replication of successful practices, seen as a vital task for evaluators. However, even in light of this knowledge base, this alone will not guarantee successful local implementation.

A number of other issues in relation to the local implementation emerged that were a cause for concern, and were raised by interviewees in this study. This policy had been targeted at frequent offenders with serious problematic drug misuse, but it was seen that three years following national roll-out, the service had yet to agree on a treatment model and formalise a structured treatment programme of the quality and duration to address

the seriousness of the level of drug misuse within the DTTO population. Significantly, there was local variation in access to treatment options between the four local DTTO areas and an inherent tension between high profile, politically determined, national programmes and that of local structures established to address locally determined health, social and educational needs. Furthermore there was a reported lack of cohesion and consistency in treatment and management approach between the four local DTTO offices and a team philosophy had failed to emerge. Given that evidence of effectiveness was available in the literature, and that the service provider was experienced in the provision of these types of services within the context of the criminal justice system elsewhere in the UK, it is suggested that contextual implementation issues played a significant part in creating barriers to successful implementation. These barriers were discussed in section 9.5. Indeed, several of the front-line stakeholders interviewed reported that implementation had been a much bigger job than they had anticipated.

In considering the issue of the level of offenders' personal resources (psychological, emotional, social) to tackle their drug problems, their lack of educational attainment and poor school attendance were striking features, with a legacy that was seen to migrate into adulthood. This would suggest that a primary concern of the DTTO programme should be to establish interventions aimed at personal growth, in recognition that without such, attempts to control drug habits would be likely to fail. Furthermore, the DTTO programme emphasis would need to shift to one of stabilisation and maintenance, before attempting a detoxification programme, unless clinical indicators were such as to suggest a high level of risk, when in these circumstances, it would be expected that in-

patient treatment would be the preferred treatment modality. In addition, the finding that 50% of offenders interviewed (n=40) in this study reported experiencing mental health problems, of whom only a small number were receiving treatment, lends further weight to the argument that drug treatment was only one component of a broad range of service and therapeutic responses needed to tackle the multiplicity of need and effect sustainable lifestyle changes. Whether this would be achieved through better integration with mainstream core health and welfare services, or through care pathway developments between enforcement and these mainstream services, is seen as an issue for local determination. The findings from this study on offenders' low levels of personal resources were confirmed in the literature by Turnbull et al (2000).

9.6.3. Integrity and fidelity to the policy and effective practice.

The evidence base at the time of the development of the policy, was drawn from the American experience of Drug Courts, and a growing body of knowledge that drug treatment was effective. However, it has been argued, that in formulating this policy, UK decision-makers (politicians and civil servants) failed to consider the context in which the policy would be implemented. The cultural and legislative differences (in the case of the American data) and the evidence on the effectiveness of drug treatment identified by other researchers (DoH 1996; Gossop et al 1998; 1999) were derived from a different cohort of drug misusers from that proposed for the DTTOs. This issue of the importance of context for replicating drug treatment effectiveness in such a cohort of recipients, as seen in the DTTOs, has been subsequently confirmed by McSweeney et al (2002). They concluded that evaluations measuring the effectiveness of different interventions, aimed

at this group within the criminal justice system, had shown mixed results. In addition some five years on from the publication of national research into drug treatment effectiveness (Gossop et al 1998; 1999), the findings in this current study, that the issues of the generalisability and replication of effectiveness of treatment in differing contexts, did not appear to have been considered in evaluating this national evidence, were also evident in more recent research conducted by Gossop (2005).

The argument is presented throughout this study for future policy formulation and implementation to systematically analyse the evidence base to assess its value, as applied to the political, legislative and cultural context in making decisions on both policy formulation and implementation. In the policy analysis undertaken in this current study, it was not clear to what extent policymakers had considered these differentials; if results from drug treatment research were capable of replication in the UK context and transferable to the cohort proposed? Support for the importance of testing out interventions in everyday situations was seen in the literature by Davies and Nutley (2004). It is therefore suggested that in the DTTO policy, the interpretation of the evidence to derive an 'evidence-based policy', and confirm the Government's stated policy philosophy of 'what matters is what works', is difficult to confirm, as the proposed gains vaunted through media sound bites to be 'tough on crime and the causes of crime', may be overstated. Support for these arguments was seen at the time of the DTTO policy development, as Hough (1996) concluded, that the knowledge base about the volume and cost of drug-related crime was so limited, that all that could be said with any certainty, was that problem drug misuse was responsible for a significant **minority**

of crime in England and Wales. There were clearly differences in emphasis and utilisation of this evidence base through the political processes at that time, which would seem to support suggestions of political expediency, and of a political desire to be seen to be doing something about the growing public perception of the problems of crime and drug misuse. Yet the relationship of drug misuse to offending behaviour was not well understood and very little known about the relationship between the so-called recreational drug culture of young people and the growing prevalence of seriously affected drug misusers. The literature to inform practice was weak on how to confidently predict which people might move from experimentation to problem drug misuse. It was also seen that understanding of the causal relationship between property crime and drug use had advanced little since the time that the policy proposals were formulated before the general election of 1997. This was also seen in Pudney (2002), who argued that many studies demonstrated that many people committed crimes before they used drugs.

One of the significant weaknesses identified in the integrity of the policy process was where partner agencies failed to take ownership of the policy objectives through, for example, arrangements for fast-track to statutory drug treatment services. This highlighted the lack of integration of this initiative with local statutory core drug treatment services; this finding directly related to the research question and, it could be argued, challenged the credibility of the policy implementation process at both the national and the local levels. Furthermore, the methodology adopted by the Home Office, in setting the number of DTTO commencement targets as local performance indicators for the programme, was unclear in the absence of a detailed understanding of

the local context, - which key stakeholder partners did not have at this time. The increase in targets reported by interviewees in this study also gave rise to policy tensions in ensuring that targets were met, while still ensuring that the right audience was targeted to improve the DTTO completion rate.

This study has shown that two further factors may have compromised the integrity of the policy; the failure of the policy formulation process to take into account the major constitutional change that arose through devolved government for Wales and the failure to recognise the phenomenon of problematic drug misuse as a relapsing condition in the guidance issued to the service. These factors may well be examples of programme theory failure. The view that it would work in all contexts, the assumption that outcomes from national drug treatment research could be replicated for a different cohort of drug misusers (offenders), combined with a lack of understanding of the relapsing nature of drug misuse in national guidance, are illustrative of a flawed theory upon which the programme was based. It is also suggested, that the local DTTO programme, in focusing its interventions predominantly in community settings, failed to address the issue of complexity of need and failed to design services to maximise treatment outcomes, as reported in the drug treatment literature. The problems experienced in partnership working, and the failure of these agencies to take ownership of the policy objectives, would have compromised the treatment approach. These findings demonstrate a weakness in the fidelity to effective practice, which is discussed further in 9.6.3 (i).

The suggestion that evidence based policy was more likely to be the exception than the rule, could be supported from the findings of this study for the following reasons:

- *politics*: the art of the possible rather than what was rational or might work best
- *the bottom line*: the logic of the business environment and the throughput measurement that went with it – measurement of DTTO success was based on the inputs to the policy programme (commencements).

Such criticisms of approaches to evidence-based policy had been identified by Davies and Nutley (2004).

Overall, the failure of partner agencies to take ownership of the policy objectives was a significant impediment to successful implementation. In this next section, the discussion will be extended to explore the influence of practice in making programmes work.

9.6.3(i). Evidence based practice

The policy process has been illustrated through this study to be more chaotic and political in nature than is implied by the term an ‘evidence based approach’. The tensions between the Government’s stated objectives for evidence based policy, practice and local empowerment, have been illustrated in the previous section. It has been argued that not only did research and knowledge have a role to feed into policy-making, it also had an important contribution to practice, as a move towards clearer theoretical frameworks for practice had been called for in the criminal justice system by HMIP (1998).

In this study it has been suggested that the criminal justice *system* was a misnomer, as it was far from homogenous, acknowledging that the DTTO policy was complex, cross-cutting and had to contend with differing jurisdictional accountabilities and partnerships. Furthermore in applying an evidence-based practice from one culture and philosophy, into a differing context, would inevitably lead to local tensions, and these were a significant local feature, and substantiated by the findings from the evaluations of the DTTO pilot sites (Turnbull 1999; Turnbull et al 2000). The local experience of a philosophical tension in this study was seen to arise from the rigidity of the National Standard for DTTOs, and the performance monitoring and reporting requirement levied on the Probation Service. Not only was it seen that those local external drug treatment agencies, (non-DTTO services), lacked a commitment to the policy objectives, but also that the DTTO drug treatment provider staff were, themselves, critical of this rigidity, and the quality and performance framework within which they were expected to operate. In such circumstances, as illustrated through this study, they too, it could be argued, lacked fidelity to the policy objectives.

Understanding drug supply seeking behaviours and supplier relationships with drug offenders has been argued here as one of the important evidence based practice considerations for the rehabilitative treatment process in developing and implementing the policy on DTTOs. This was also the view of Gossop (2005), who reinforced the complexity of the relationship between drugs, crime, and lifestyle factors. In this current study the finding that almost half of all respondents did not have a 'supportive other' was particularly informative, and while it is acknowledged is not conclusive evidence,

might suggest that, in the main, the social networks of these offenders revolved around other drug users. As such, this would represent a significant obstacle to making lifestyle changes in their peer networks, as they made efforts to desist illegal drugs. Furthermore the problem seen in poor continuity of key-worker, as a result of high staff turnover, was identified as problematic by both staff and offenders and meant that maximising the potential benefits offered through consistency in treatment delivery, - a practice advocated by McSweeney et al (2002) – was not achieved.

While it was considered outside the scope of this study to undertake a detailed observation of intervention practice, and judge its adherence to evidence-based practice, a number of factors emerged that compromised fidelity of intervention practice. The lack of uniformity in reporting and poor record keeping for monitoring offender progress was an indicator of poor practice and integrity to the policy. Individualism of practice was evident, and may have arisen as a consequence of number of factors: the lack of treatment philosophy and structured treatment programme, poor record keeping, differences and tensions between the four local area offices, and an unwillingness in front-line drug workers to adopt and adhere to practice agreed jointly by Probation and Drug Treatment service managers, as was illustrated by their reluctance to enter data onto the Probation Service database. Lipsky's (1980) concept of street-level bureaucrats is relevant here as it illustrates the challenges practitioners face in operating in a public policy space, with insufficient resources and vague policy goals, often with discretion in responding to uncertainties. However, in the context of the DTTO policy, there was a marriage of a bureaucracy, the Probation Service accountable to the Home Office, and a

charitable organisation that was much more loosely regulated and with a high degree of discretionary autonomy. The managerial authority that has grown up in public services and the move towards managerially imposed goals, identified by Howe (1991), could be seen in this study to bring it into direct conflict with the drug treatment provider in the analysis of the findings above. The issue of discretion is one which organisations attempting to put policy into action may struggle to control, as it is often bounded with notions of professionalism and autonomy, and is an issue which Baldwin (1998; 2000) has suggested could undermine official policy.

DTTOs were, in the main, of twelve-month duration and many of the offenders interviewed in this study felt that orders of a longer duration were needed. To some extent, this had been recognised by sentencers in issuing recurrent or concurrent DTTOs for those with amphetamine and cocaine misuse. Therefore, this aspect of the local programme could be seen to accord with the available evidence base; that keeping offenders in treatment for as long as possible was effective practice (Hough 1996; ACMD 1996).

Comment has already been made in Chapter Eight on offenders' positive perspectives on the OSAP programme, in addition to the structure imposed by a DTTO, the testing component and significantly the relationship between the offender and the Court through the sentence review process. However, the inequality of access to the OSAP programme between the four local area offices, identified through this study, suggests an inequitable policy implementation and may be seen to challenge the integrity of the policy

implementation process. It was not clear if the positivism expressed was influenced by the offenders' limited experiences of structured drug treatment programmes elsewhere, (as almost half of the offender cohort interviewed in this study had no previous contact with drug treatment agencies) or arose out of low expectations from their current experiences, as many offenders interviewed wanted more in the way of structured activities from the DTTO programme. It has already been questioned, in Chapter Eight, whether the duration and intensity of the OSAP programme was adequate, given that it was also delivered as a Probation programme to drug misusers on other less intensive community sentences for those with less serious drug misuse problems. The evidence base on efficacy in drug treatment interventions suggested increased effectiveness from specialist in-patient treatment, as opposed to community-based drug treatment or that delivered in a general psychiatric ward (Gossop et al 1986; 1989; 1999; Strang et al 1995). Furthermore, the lack of a structured drug treatment programme, and the problems in accessing statutory drug treatment services identified by interviewees, made it difficult to see how the service was meeting the needs of offenders with co-existing heroin and cocaine use, identified in almost half of the offender cohort interviewed, as there was little evidence to suggest treatment response for this complexity of co-morbidity was in line with national guidance (DoH 1996; NTA 2000b).

An interesting dichotomy between fidelity to the policy objectives and integrity of intervention practice was seen to have occurred within the local service that is worthy of note at this stage. It was reported, and subsequently confirmed during further interviews, that the relapsing nature of serious drug misuse was recognised in sentencing practice,

with recurrent and concurrent DTTOs issued. Furthermore, the policy objective of cessation had been ameliorated in local practice, to one of reduction in drug misuse and offending behaviour. It is suggested here that such empirical evidence was illustrative of the adaptive nature of policy implementation at the local level. However, it could be foreseen that tensions would emerge if the policy guidance and performance monitoring frameworks failed to keep pace with local adaptations of this nature.

As has already been identified, almost half of the offenders interviewed had no previous contact with drug treatment agencies. Such a finding would seem to suggest that the policy was successful in facilitating access to drug treatment for a cohort of individuals who would otherwise be unlikely to engage in treatment opportunities; a finding substantiated by McSweeney et al (2002).

Although some aspects of the national DTTO policy were developed within an evidence-influenced framework, this study has argued that in generalising the research findings on drug treatment effectiveness from one treatment cohort group to another, the policy's evidence base was compromised. This study argues that a more theoretical approach to the policy, at the national level, of how this could work within the system (context) in which it was to be implemented, and engagement of the key government department (Department of Health) in the policy formulation stage, may have enabled a higher level of analysis of the evidence base, anticipated some of the complexities for policy implementation and may have resulted in more effective national tools to guide and support local implementation.

9.6.3(ii). Accountability issues

The issue of accountability was seen to compose of two distinct elements. Firstly, accountability to the national policy, that is, issues of fidelity to the policy objectives, and secondly, accountability within the local process of implementation both internal to the main organisations responsible for delivering the programme, and also to local key partner agencies.

Increasingly services that have traditionally been delivered by the statutory sector can now be seen to be delivered through a mixed economy of provider agencies; some statutory, others private or voluntary (charitable) in constitution. No more so is this evident than in the drug treatment sector. One of the problems that was seen in this study from the local delivery arrangements, operated by a voluntary sector drug treatment provider, lay in the arrangements to ensure the quality of the treatment was in line with best practice, with sound clinical governance arrangements in place for delivering the drug treatment aspects of the programme; particularly as substitute prescribing of controlled drugs was a first rank treatment modality. These local arrangements were acknowledged by some interviewees as weak, as although medically qualified staff had been recruited, the arrangements for assuring a high level of competence and practice in managing complex drug problems were not equitable to those required through professional standards, inspection and regulation within the statutory sector drug treatment agencies. Such arrangements may not be as robustly developed in the voluntary sector, particularly so where locally grown providers are the main sources of service delivery, as significant differences in infra-structure are evident. The argument

that this study is advancing is that of agency relevance, competence and safeguards, through governance arrangements, in providing the nature of the service being commissioned. Furthermore, it argued that the corporate accountability for ensuring that the organisation commissioned to deliver the service, and any subsequent arrangements for assuring governance, are explicit and lie in the first instance with the commissioning body; in the context of this study, the Probation Service.

A second significant local accountability weakness seen in this study was illustrated by the poor record keeping; the basis upon which offenders' progress in the programme was being monitored and evidenced. The findings in this study found significant weakness at the time of the fieldwork and could be seen to represent a risk to the credibility of the programme implementation. The importance of accurate record keeping in the local service at this time did not appear to have been grasped. Although no evidence of such was reported through the interviews, poor record keeping could have compromised the robustness of the evidence in Court reports for re-sentencing offenders who failed to comply with the DTTO.

It has been seen that the policy was predicated on adopting public health measures, in recognition that laws alone could not change offending behaviour. However, apart from the policy objective to reduce reoffending rates, health related outcome measures to determine the success of this policy were woefully missing. Furthermore, local services were not clear on how they would demonstrate the success of the local policy implementation in achieving the policy's stated objective, even though the official

measure of such was, in itself, very narrow, as has previously been discussed. While the policy recognised the need for local partners to work together to deliver the programme, it failed to attend to this issue of accountability to local partners and, in all likelihood, contributed to the lack of ownership in policy implementation by these partner organisations; an issue reported by Probation and service provider staff interviewed in this study. However, it would be fair to suggest, that the primary focus for these partner organisations, would have been on delivering their own organisational priorities and targets, rather than a broader set of policy objectives, as exemplified by the DTTO policy.

Concerns also arose from the storage of offenders test results on the Probation Service database. This was reported by drug treatment staff and was of concern in this study as the data were interpreted to equate to 'patient identifiable information' (as would be defined within the health service), for which information governance arrangements were required and indeed guarded within the NHS. This was considered another example of differential standards applying in practice between the voluntary sector and the NHS statutory sector. The policy guidelines (Home Office Criminal Policy Group Circular (2001) 25/01) had been clear that test results were to be made available to the supervising probation officer, but this issue of data storage was not one that had been addressed at the national level, and, in the absence of a DoH policy lead in the policy formulation stage, it would seem unlikely that this issue would have been considered.

A significant omission seen in this policy implementation was the failure to consider the wider family networks of offenders on the programme. A small number of offenders referred to this issue, commenting that the approach was an individualistic one, focusing solely on their drug and criminogenic behaviours. These respondents were of the view that if their partner was also misusing drugs, that they too should receive concurrent drug treatment. However, it must be recognised that not all participants may wish to have their families involved and therefore the benefits of such would need to be outweigh any disadvantages to personal relationships that might emerge. Such an approach would therefore need to be a component of an individual planned intervention programme. The literature substantiates the importance of a 'supportive significant other' (Home Office Criminal Policy Group Circular 2000a), but is not necessarily specific in relating this to a family member, indeed it may be that such a relationship can be realised through broader extended networks. A further observation that arose in this study was the lack of evidence to suggest that the service had considered, in any structured or formal way, whether the children of the DTTO offenders were 'children in need' or 'children at risk' from the serious drug misuse of their parents; a further indication of the individualistic approach referred to above.

One of the most significant shifts in culture, reported by Probation staff interviewed in this study, which emerged from this policy implementation, was that of the Court culture. It was reported that it was considered very important that offenders appeared before the same sentencer for Court reviews, and that the Court rota was compiled, as far as was practical, to accommodate this. The discursive nature of the Court proceedings

was an issue that was highly valued by offenders and sentencers alike, and frequently reported in interviews, and viewed by respondents as a powerful motivating force. It is an interesting observation in this study that the organisation and procedures which that required the most significant cultural shift, the Court system, was the one that rose to that challenge and made the Court process work for both offenders and the administration of the Court proceedings alike. Such an achievement should not be underestimated and in many respects, was the most positive finding that arose from this study.

It has also been seen that increasingly Government is reliant on local partnerships to deliver on policy objectives to tackle complex cross-cutting policy programmes. The accountability tensions, risks and challenges that have been shown to be generated from such contexts, were of significant concern to stakeholders in this study and have also been reported within the literature. Hill and Hupe (2005) argued that pluralism of policy needed advanced ways of dealing with this problem of accountability that took into account organisational complexity. Further calls have also been made by the Audit Commission (2005) in recognition of this tension between Government's stated objectives for evidence based policy, practice, and local empowerment, and the need to address the issues of roles and accountabilities of partnerships and provide clarity on the scope of local discretion over priorities. No more so was this in evidence, than in the case of the DTTOs.

9.7 Future Policy implications for the Welsh Assembly Government.

Having considered the evidence that emerged from the findings of this study, and the literature reviewed, this next section will consider this aspect of jurisdiction in policy, in deriving at recommendations for future policy making for the Welsh constituency.

It would seem that devolved government presents politicians with opportunities to consider this issue of context more readily than may have been the case in the past, in striving to achieve a better integration of policy response. However, such an approach would require (Welsh) Assembly Members (AMs), Members of Parliament (MPs) and civil servants to proactively engage in central (UK) policy formulation processes for non-devolved areas of policy accountability, calling upon them to demonstrate highly developed skills for policy analysis, and importantly, to illustrate a dogged persistence to assert that political solutions, derived centrally, may not be contextually relevant or politically palatable in Wales. It is further suggested, that in responding to the evidence in this study in the context of the strengthening of devolved powers to the Welsh Assembly Government, the time may well be right to open up political minds to the view that centralised policy initiatives may not be the best way of tackling complex cross-cutting societal problems, but that government should rather support local organisations by putting in place the mechanisms to support locally sensitive, contextualised responses, which, while administered through an accountability framework of local democracy, could still be seen to demonstrate fidelity to the policy objectives. It has been seen that in Wales, a national strategy for tackling drug and alcohol misuse had been in place for some time (National Assembly for Wales 2000a);

that Wales was a signatory to the UK drug strategy (UKADCU 1998); and, that as a devolved administration was able to make decisions on health, education and social care policy that might differ from that in Scotland, England and Northern Ireland. However, the party political pressures that could be brought to bear by centralist political influences from Whitehall on those within Welsh Labour politics for policy formulation cannot be ignored, and indeed it would be naïve to do so.

Support for an approach in which policy solutions are embedded in cultural context was seen to be advocated in the literature. Hough (1996), in exploring the context of illegal drug misuse, concluded that it was, indeed, deeply bedded in a cultural context, with a number of motivations for casual use and seen to be influenced by youth culture. Further support was provided by Seddon (2000), who identified that low educational attainment, negative childhood experience, poor access to healthcare, housing and poor employment prospects, all under-lie drug misuse and offending behaviour, while the Runciman Committee (2000) observed that early drug use and deprivation remained the strongest indicators of progression to problematic drug use.

Having had access to a growing evidence base over the last ten-years, in recognition of the much broader social and cultural aspects of drug misuse, it is now time to ensure that tackling drug misuse in Wales is fully integrated into a broader health, social, educational and economic policy, which seeks to reduce policy fragmentation and achieve a sustainable, coherent policy response. Leading the way in this integration and sustainability, this study has argued is a function of national policymakers. Far too often

disjointed policy becomes an impediment to local policy implementation. The opportunity in Wales is now present, particularly in light of the Beecham Review (Welsh Assembly Government 2004; 2005) for better consideration of policy objectives in complex, cross-cutting policy. This however does require a more sophisticated approach to the setting of these policy objectives and a need to articulate, to partner organisations, their contributions and the organisational benefits that can derive from synergism to tackle these complex social problems.

One of the reasons for arguing for synergism at both the national and local level is that, as this study has argued, effecting life changing behaviours requires individuals to draw on their reserves of personal resources (psychological, emotional and social) to tackle their drug problems. The lack of educational attainment and poor school attendance were striking features in this study; a legacy that migrated into adulthood. In response to this specific issue an immediate consideration for the DTTO programme should be to establish interventions aimed at personal growth, in recognition that without such, interventions that attempt to control drug habits would be likely to fail. It is argued from the findings in this study that from a broader policy perspective, education policy needs to consider this issue of cultivating these personal resources as a developmental need for children and young people, to assist them in finding more positive, adaptive responses to the challenges that life throws up. The argument in support of such an approach can be seen to arise from the concept of cultural capital, explored by sociologist Pierre Bourdieu (1984), who argued that wealth was based on social status and education, noting that success in school and society depended largely on an individual's ability to

absorb the cultural ethos of the dominant class. While it has not been the intention to undertake a detailed analysis of this concept and Bourdieu's writings, the reference to cultural ethos is an important concept in the context of the changes seen in the culture of the Court; the significance of which has been highlighted in this study.

It was also seen that political influence played a significant part in policy processes, and that political considerations could not be ignored in policy formulation or in evaluation of policy. It was suggested that in an ideal world, new policy would not be introduced at a time of organisational change; however realism prevails and the interplay of multiple driving forces and political processes have been shown to exert influence. It has been suggested that while devolved government offered opportunities for better integration, management of the pace of change and in timing of policy implementation, it was also important to recognise that some issues of tension would be evident if central government imperatives overrode those within Wales.

In considering where policy ideas were generated, it has been shown that some originated by examining how other countries resolved social problems. However, it was argued that evaluations and policy analysis often failed to consider the contextual issues that were seen as fundamental to looking at whether a policy could work in differing legislative and cultural contexts. Further weaknesses, it was argued, derived from adopting a piecemeal approach to policy formulation and a lack of whole systems analysis, as suggested in this study in the discussion of the American Drug Court model. Although it was seen that there was evidence to suggest that the policy should work, in

that drug treatment was shown to be effective (Gossop et al 1998; 1999), the evidence base did not consider whether it could, or would, work in all settings, and specifically, as in this study, as a public health intervention integrated into the Probation Service. Indeed such a warning was also issued by Gossop (2005).

The issue of policy integrity, as introduced in this study, and the proclamations of Government for evidence-based policy, have been challenged and an argument presented for moderation to such claims to more accurately reflect the roles that evidence and politics have to play in policy formulation. It is suggested in this study that 'evidence-influenced' policy is a more accurate descriptor, and argued that decision making in the policy process is not one-dimensional and is also context relevant, as illustrated in Chapter One by reference to Barker (1996) and Palfrey et al (2004) in their representations of systems theory. Support for a more honest approach to the claims of the influence of evidence in policy processes were reported earlier to be shared by Davies, Nutley and Smith (2004). However, this current study is suggesting that the tensions on the nature of evidence, and for whose purpose - scientist, politician or practitioner - remains as this too is context dependent, subject to local power and political influences and needs to be considered in the context of the theory of (local) systems i.e. the complex operational partnerships and multiplicity of local political influences that emerged as findings in this study; significantly, the failure of the local health services to engage and take ownership of the policy objectives and the consequences, in operational terms, for integration and clinical support arrangements.

Policy implementation, as a component and allied function of the policy process, has been seen to be an important consideration in realising the aspirations of a specific policy, as it has repeatedly been asserted in this study, that contextual issues can significantly influence the success, or failure, of policy. The finding of the lack of local integration arrangements with statutory drug treatment services to support and engage with the delivery of DTTOs, was a stance inconsistent with the policy imperative to maximise inter-dependencies and inter-relationships through programmes of community-based policy initiatives. The policy intention of a bringing together the different resources of each partner agency is what provides the potential for collaborative advantage. However these different resources usually arise because the organisations have different purposes, as acknowledged by Eden and Huxham (2001), and will have different reasons for participating: what makes these partnerships useful in the collaboration is also confirmed in the literature (Huxham and Beech 2003), to introduce problems. Furthermore, the failure at the national level to involve the Department of Health in the policy process, and to acknowledge the multiplicity of local political influences that would inevitably emerge from such organisational inter-dependencies, are illustrations that challenge the credibility of the policy implementation process at both the national and local levels. In addition the governance and cultural transformation required in the public sector through such multi-organisational arrangements, as has been illustrated in this study and confirmed by Coaffee (2005), as beset by conflict and power-relations in such new partnerships, and, in operational terms, are not so easy to achieve as policy guidance would suggest. An extensive range of published literature on such issues as these for management and practice in

collaborative contextual arrangements was seen to exist. Huxham and Beech's research (2003), on tensions in management and the development of practice-oriented theory about inter-organisational collaboration, provide some illumination on the challenges that face practitioners and managers working in such context. They confirmed the local collaborative problems, tensions and limited performance achievements seen in this study, commenting that one of the overwhelming conclusions from the cumulation of their own research activity, (Eden and Huxham 2001; Huxham 1993a, 1993b; Huxham and Vangen 1996, 2000a, 2000b; Vangen and Huxham 1998), was the inherent difficulty in managing collaborative arrangements and their tendency towards a state of collaborative inertia, in which the rate of outputs is slow and only achieved after much hard work. This they argued is further complicated by the fragility that any trust built up among partners rarely remained stable for long, as the membership and priorities of collaborations tended to be in a state of flux. Such a state of flux was certainly a feature in this local study.

It has been further suggested that one of the primary aims for Welsh Assembly Government should be to reduce fragmentation in service delivery, create economies of scale and ensure better transition between service deliverers. Specifically in this study, attention was drawn to the finding of the lack of concurrent drug treatment for a partner/spouse of offenders on DTTOs. A small number of offenders raised this issue during their interviews. The specific guidance on the implementation of DTTOs had suggested that illegal drug misuse within close relationships was not conducive to successful drug treatment outcomes (Home Office Criminal Policy Group Circular

2000a). However, local services were under pressure to ensure they met the target set on the number of DTTO commencements.

It has been argued throughout this study that successful implementation was context dependent and that the claims made by the Government that policy was evidence-based, have been challenged. There is a need to understand ‘what works’, ‘why it works’ ‘how it works’ and ‘in what context’ if public policy is to be effective in meeting the policy objectives. This is a tall order where complex cross-cutting policy is concerned, and in contexts where national and local political influences play a significant role, as in addressing issues of law and order and community concern, and where devolved policy accountabilities exist. However, notwithstanding these difficulties, it is not enough to say that such problems are intractable and therefore nothing can be done, as politicians are called upon by the electorate to address such societal problems. This study has identified, in section 9.5.1, a range of factors that may contribute to moving forward the debate on what works in policy implementation, some of which may be applicable to other policy arenas and has also highlighted some obstacles and constraints in section 9.5.2. not solely local in origin.

Finally, it has been seen from the evidence that emerged in an analysis of central drug treatment funding, undertaken by Turning Point (2004), that the level of Government funding for drug treatment across the criminal justice system will, in future, assert it as a primary provider of drug treatment. The issues raised in this study, it is therefore contended, are relevant for the longer-term delivery of effective drug treatment

interventions within the context of the criminal justice system, and specifically within the most appropriate settings conducive to the seriousness of the presenting drug dependency problems.

Reflections on the methodology.

It has been acknowledged that all evaluations are bounded by considerations of inclusion and exclusions, practicalities and resources. This study took place during a period of significant organisational change, for the Probation Service (and within health), in a political climate where immature jurisdictional accountabilities, arising from devolved government, led to uncertainty on how policy originating from central Government, would be implemented within these new arrangements. A significant challenge was seen to exist, in today's policy environment, where much was predicated on successful implementation through partnership, and collaboration, across a multiplicity of organisations with differing governance arrangements, performance measures, objectives, philosophies and legislative frameworks. Capturing these multiple stakeholder perspectives for informing judgments on the relative success, or otherwise, of complex policy initiatives, were therefore determined to be an important contribution to achieving a balanced picture.

The extent to which a policy can be regarded as successful, however, depends on a multiplicity of factors. Traditional approaches to evaluation were seen to have failed to recognise the vagaries of policy making, the ambiguities seen within local agencies, and the complex nature of organisations, constituted by various interests of individuals and

groups. For the DTTO policy this was seen to be magnified, as there was a requirement for multi-organisational local engagement and ‘buy-in’ to the policy objectives. The literature was seen to suggest that successful implementation was dependent upon the linkages between organisations, and departments, at the local level (Pressman and Wildavsky 1973). However, determining whose perspective and opinion was the most important (and carried the most weight) therefore presented a challenge to the methodology: as to reflect the plurality and complexity of the policy process, one professional/managerial perspective could not be allowed to dominate. Indeed, it was seen that a shared theoretical framework for conducting evaluation across government departments, had yet to emerge, or any agreement on such been reached by evaluators. However, the literature was seen to suggest (Coote et al 2004) that, the views of government officials were now more drawn to the need to understand process and systems, rather than focus solely on performance monitoring.

The challenges in evaluating such a complex, cross-cutting policy, were seen to call for an approach to methodology that captured the plurality needed for an evaluation to be grounded in the complex real-life organisational processes. Evaluating the success of policy implementation was not only seen to call for attention to what Pawson and Tilley (1997) have referred to as, the ‘fidelity and integrity’ of a local contextual policy implementation programme, as applied within a differing cultural and jurisdictional context to that of the original centrally driven policy, but also, needed to reflect the difficulties that organisational stakeholders have to contend with, in making decisions for implementing such complex cross-cutting policy in situations with insufficient

information. Although multi-method evaluations were seen to have gained in popularity, particularly so for these complex community-based initiatives, there was a lack of consensus, in the literature, on which methods were suitable, and for which purposes. However, a growing confidence in eclectic approaches to methodologies was observed, and reported by Davies (2000).

The research framework adopted in this study, sought to combine the perspectives of both evaluation research, and implementation studies, to respond to the issues outlined above; to ground the study in the complex real-life organisational processes and to achieve a bottom-up approach to evaluating the policy in a local context. The methodology adopted sought to explore whether the ambition of evaluating a complex, community-based initiative, characterised by speed of roll-out, focus on addressing multiple problems, located within a shifting political environment, influenced by local political factors and internal and external organisational dynamics and professional practice, could be realised in a location removed from that in which the policy was formulated and tested. Palfrey et al (2004) had warned that political processes were likely to influence all aspects of policy formulation and implementation.

This study sought to capture these inter-dependencies and inter-relationships of differing needs and views of different organisational stakeholders and the dynamics of implementation in partnership arrangements; seeking depth and breadth through a case study approach to highlight the contextual issues. A consensus based approach was chosen as such methods had been suggested in the literature (Jones and Hunter 1995), to

provide a means of synthesising a wider range of information than was common in statistical approaches. In deriving at a consensus based approach, a modified Delphi technique was applied to elicit the views of organisational stakeholders to derive at the evaluation criteria.

In reflecting on the methodology adopted in this study, a number of observations are made. There are a number of strengths attributable to the adoption of a Delphi approach in conducting complex cross-cutting evaluations. Such an approach has been illustrated to be capable of capturing informed judgments, from a group of experts who can be viewed as a forum of lobbyists advocating on behalf of their organisational remits and accountabilities, and of being a tool for policy analysis. It was seen to contribute to process gain, in that it achieved consensus in an area of uncertainty in knowledge; generating stakeholder derived criteria which reflected the complexity of the policy in action.

The modified technique adopted enabled depth and breadth of responses to be considered that would otherwise not have been possible through a survey approach. It enabled responses, that it is argued reduced bias that might otherwise occur in group discussion, as it facilitated decreased likelihood of socially desirable responses and 'process loss' through dominance of professional or managerial power. As such, it could be considered to have improved the validity of the study, as there was evidence of concurrent validity, in that the experts themselves had both identified and agreed upon the evaluation criteria; one of which had not previously been seen in the literature, but

which reflected the complexity of the multi-organisational environment of the policy process.

Some weaknesses, however, were identified in that the liberalised approach to the methodology generated concerns within the literature on the usefulness of such broad definitions/usage. However, such criticism could be countered if the technique is seen as a tool for communication, rather than as a means to an end.

Adopting a consensus based approach, appropriate to addressing the problem being studied, called for a heterogeneous panel as these had been identified in the literature to lead to better performance (Murphy et al 1998), as well as to reflect the complexity of the policy on action. The stakeholder approach to selecting the criteria, upon which this evaluation was based, was a means to reduce the subjective nature of evaluations – a means of responding to criticisms of evaluator subjectivity. The use of a technique that encompassed subjective intuitive foresight, (the Delphi) (Kaplan et al 1950), as a method for systematic collection and aggregation of informed judgments, coalesced with the approach to develop consensus based evaluation criteria, as generated from the organisational representatives with responsibility for implementing to policy in the local context. The output from a consensus approach was not an end in itself, but a means of designing the evaluation framework, and the interview schedules utilised in this study. In other words, creating diversity in research design, to reflect the diversity of the policy in action, and achieving a balanced picture. However, there were challenges experienced that related to the process for identifying when consensus had been reached. No firm

rules on how to determine this were seen in the literature, and this was further complicated by widely varying remits, jurisdictions and performance targets; some of which lacked inter-dependence within a multi-stakeholder environment.

Significant challenges in the fieldwork for data collection were experienced, as these could not progress as planned, despite agreement on the data parameters with the service. The service was not able to comply in collecting the offender profiles at entry point into the DTTO. The study was ambitious in its attempt to encapsulate such complex cross-cutting policy implementation at a time when external factors came into play through major organisational change. However, this is the reality of organisational life and despite the weaknesses identified in this study, it is argued, these do not invalidate the findings, but rather, are a rich contribution to the knowledge base of partnership activity in today's policy environment. The study was difficult to administer, given restrictions on my time for data collection, the part-time nature of the study, combined with my work commitments and the impact of externally generated organisational change; had time allowed, and the organisational environment conducive to such, I would have liked to have captured data on offenders who had failed in the DTTO programme, as a means to increasing understanding of these influencing factors.

Tenacity and perseverance were certainly two essential qualities for completing such a complex area of study.

Chapter 10

Conclusions and Recommendations

This study set out to identify the success factors and constraints imposed on successful implementation of a centrally-driven UK policy initiative, of DTTOs for drug misusing offenders, in Wales.

In answering this research question, four objectives were set:

- to determine the extent of the drug misuse problem in the offending population within the geographical area in which this research was conducted and derive an estimate of the potential number of target offenders for DTTOs for the first year of implementation
- to develop expert stakeholder derived criteria for evaluating the success of the local policy implementation
- to identify key successes, obstacles and constraints in the local policy implementation process
- to identify the extent to which socially located interpretations, culture and structures, have constrained the successful implementation of the policy.

The importance of identifying the successes and failures to assist in the replication of centrally driven initiatives, and the influence of context on successful implementation, were asserted throughout the study. The degree to which an initiative is seen as successful can be influenced by subjective and objective judgements, not entirely

dependent on explicit programme measures, but also by the degree to which it is seen to contribute to individual, or organisational agendas; be they political, organisational or personal.

This study commenced with an introduction on the way that public policy was formulated; a process shown to be complex, and one which could be defined by a multiplicity of factors, philosophical stances and/or political commitments to specific action. In addition, when implemented within different jurisdictional and organisational frameworks, it could be seen to be subjected to political influences at a number of levels; micro, meso and macro, which raised issues of integrity of policy, intervention practice and fidelity to policy objectives, as important considerations for policy implementation.

The literature on policy formulation was seen to confirm it as a dynamic process that changed over time, and acknowledged the important role of stakeholders in policy implementation and, their legitimate role in evaluating local policy. The challenge for evaluators of such complex cross-cutting policy, was seen to lie in understanding how policy accrued meaning for these local organisational stakeholders, how that meaning was transmitted to, and among, the various policy stakeholders, and how the policy objectives were shared or not, as the case may be: an approach advocated by (Yanow 1993). In considering if the policy intentions and claims made on the potential impact of this policy were political rhetoric, or grounded in firm evidence, required this study to undertake an analysis of the literature on the effectiveness of drug treatment, the

literature on its application in the criminal justice system and the policy studies literature.

The study explored the political drivers, at the time that the new Labour Government was elected in 1997 with a mandate to be *'tough on crime and the cause of crime'*, confirming that law and order was a high profile public concern. Furthermore, the new Government had also asserted the importance of ideas, knowledge and research evidence in the policy process through its philosophical stance of *'what matters is what works'*. In the context of their drive to tackle drug misuse and crime, the impact that drug treatment appeared to offer to reduce the levels of crime, was widely reported by ministers and the media, with the case for effective treatment seen to lie in its potential to reduce problems for individuals, and the populations that were affected: yet the relationship between drugs and crime was not well understood at the time.

A number of conclusions have been reached. Before, progressing to consider those that relate to the research aim and objectives, some conclusions are drawn arising from the analysis of the policy process for the DTTOs.

It has been seen that while policies may be based, from their inception, on an evidence base, and may be generally acknowledged as such, with the assumption that they should work in practice, the *'nature of that evidence'*, and the influence of context in implementing such in a location removed from that in which the evidence was generated, was a central argument in this study. Far from being an objective state, the

literature suggested that evidence could be utilised to achieve individual political agendas and it was argued that criticism seemed likely to remain if programmes were seen to be politically motivated in origin, or emerged from an evidence-base that was non-context specific: this study has suggested this to be the case in the claims made by politicians on treatment efficacy in the DTTO policy. In such circumstances, it has been shown, through an analysis of the literature, that an evidence-base is unlikely to fully take into account the contextual, political and power relationships, and influences that play a significant part in implementing policy at the local level.

It has also been shown that the evidence base was not context specific in relation to delivering drug treatment within a criminal justice agency system, and suggested, that political expediency and a desire to be seen to be doing something about the growing public perception of the problems of crime and drug misuse, were significant political influences in formulating the DTTO policy. The claims for '*evidence based policy*' in this instance, were overstated as there was only limited evidence on the causal relationship between drugs and crime (Hough 1996) and it was suggested that consideration may not have been afforded as to whether the evidence of effectiveness of drug treatment, as it related to a health setting and different cohort to that proposed for DTTOs, could be replicated in the context within which DTTOs were to be delivered. Furthermore, it was not clear, to what extent the policy-makers had considered these differentials and the extent to which the results were transferable to the cohort proposed.

This study has concluded that moderation is justified, arguing that one which more accurately reflects the reality of this policy process, and recognises the political drivers for this form of policy activity, would suggest that it was more likely to fall into the category of what Davies, Nutley and Smith (2004) have described as, '*evidence-influenced*', rather than '*evidence-based*'.

In now drawing conclusions relating the aim and objectives of the study, the following observations are presented.

Determining the extent of the drug misuse problem within the offending populations in contact with the South Wales Probation Service, was acknowledged as a difficult task, and also represented a challenge for the local stakeholder organisations with responsibility to implement this policy and for their partner agencies. Determining local needs was a common feature seen in many policy planning processes, yet the local skills and capacity to deliver this were lacking. While some did exist, they were not focused on the cross-cutting nature of the analysis that was needed for this policy implementation process. In attempting to estimate the potential numbers of offenders for DTTOs, for the first year of implementation, this was dependent on a range of data whose reliability and validity was questionable. A best 'guesstimate' was all that could be achieved given the paucity of national and local relevant, targeted inter-organisational data. This finding was illustrative of the difficulties encountered by local stakeholder agencies in planning for the implementation of complex, cross-cutting policy, and in conducting relevant, valid needs assessments to inform local planning processes.

However, it was seen that community sentences for drug-related offences, were not a new local phenomenon introduced via the DTTOs; albeit that the drug treatment and monitoring arrangements proposed within the policy, were for a far more structured and intensive approach than would have been the case in the past.

In setting out to evaluate this centrally driven policy within a local context, the argument was presented for an alternative perspective that focused on the ‘players’ and agencies themselves, their interactions and for a ‘bottom up’ analysis as a method of providing a clearer picture of the factors influencing success, the obstacles and constraining factors for a centrally driven policy to be implemented at the local level, in differing cultural and jurisdictional contexts.. This issue of context was a fundamental evaluation principle and the study planned to capture these pluralistic perspectives, as a high degree of co-operation was seen to be needed between and within agencies in the implementation chain, if implementation deficit was to be avoided. It was also argued that evaluation based solely on policy objectives that ignored contextual issues, were flawed, as the policy process was confirmed as political in nature, with these political influences imperative for the policy-action relationship. Furthermore, it was seen that evaluation was, in itself, inherently political in nature and that these considerations intruded into all evaluations, requiring evaluators to be insightful into the interest and motivations of key actors in the system, as well as the role they themselves might play in the process.

The methodology employed in this study has been suggested to contribute to reducing both evaluator bias and dominance by powerful individuals, through its approach to stakeholder generated evaluation criteria, and the role of local stakeholders in framing local evaluations, is considered to have been validated. The modification to the traditional survey approach was not concluded to have impeded the benefits of the technique, demonstrating that such a modification could usefully contribute in making the best of a weak information base, as is often the case in complex cross-cutting policy processes. The approach to Delphi, adopted in this study, was demonstrated as a means for group communication, and refinement of expert opinion, rather than as an end in itself and is considered as one of the strengths of this study. However, one of the challenges in utilising this approach is acknowledged to arise in determining when consensus was reached, and how to measure; the literature was seen to lack consensus on this issue with a multiplicity of approaches reported.

The use of the expert stakeholder panel approach to derive the evaluation criteria, reinforced the complexity of the policy implementation process and reflected the organisational concerns. The criteria demonstrated the concerns of key stakeholders about the various organisation relationships, and fidelity to the policy objectives, required to optimise the policy implementation process.

The DTTO policy sought to maximise the inter-dependencies and inter-relationships of a multiplicity of organisations at the local level, but, was seen to operate in an ill-defined authority and accountability environment, complicated by the differing policy

jurisdictions between England and Wales. The policy environment was one in which the growing expectation of central government to achieve managerial control in policy implementation, was in conflict with the realities of inter/intra-organisational micro-politics in the policy-action relationship, and certainly did not achieve 100% co-operation among partners, advocated by Pressman and Wildavsky (1973), as a prerequisite for successful policy implementation. One of the key statutory local partners, the health service, failed to take ownership of the policy objectives and engage with the local policy implementation process.

The policy had also identified a very narrow performance indicator, i.e. numbers of commencements on a DTTTO. In so doing, it failed to reflect the range of potential outcomes that service providers should work to achieve. Furthermore, the main aim of the policy was seen to be to reduce crime, rather than improve health status, despite using public health interventions as the primary mode of service response in recognition of the fact that legislation alone could not change behaviour. It has been further suggested that, as the service came under pressure to achieve these national targets, the high number of early terminations from the Orders, may have arisen as consequence of poor targeting of offenders suitable for sentencing to DTTTOs.

Many of the problems experienced in the national pilots, and some three years into local implementation, were seen to originate from the consequence of working in a difficult enterprise; in an environment with differing philosophies and cultures. Rolling out national programmes was acknowledged as a complicated process, as the local economic

and political conditions in which they took place, were in constant flux. Understanding the basis of success, in such complex conditions in which this policy was to be implemented, was seen as important for local policy implementers, and the inappropriateness of expanding this policy in the absence of such, has been asserted.

While a number of factors were identified to contribute to the debate on policy processes, it was concluded that factors more likely to lead to successful outcomes, were not those that could easily be transferred between localities. This study suggested some generalisable factors to contribute to successful implementation:

- sustainable leadership
- competent and stable staff base
- sufficient resources to do the job
- a focus on quality and intensity of programmes
- an emphasis on individual and organisational accountability
- shifts in traditional modus operandi and, importantly for those complex cross-cutting policy initiatives
- agreement with partner agencies on access arrangements for contingent services.

A number of problems in local intervention practice constrained the local policy implementation, compromised the integrity of intervention practice and were in contention with fidelity to the evidence on best practice. The most significant of which were, the lack of an agreed treatment philosophy and structured treatment programme, poor record-keeping, the variation in access to drug treatment services between the four

DTTO Area offices, weak clinical governance accountability arrangements and a failure to meet the complexity of offenders' needs and deliver effective treatment models. One of the most significant was seen to relate to patient safety. This arose from the arrangements for the prescribing of controlled drugs, and assuring clinical practice when such services are delivered by organisations external to the NHS. This is an issue of much wider concern in an environment where drug treatment services are administered by a mixed economy of service providers, particularly so when dealing with complex, serious drug misuse, where weak arrangements may be evident for specialist, medical support from experienced drug treatment specialists within the NHS drug treatment services. It was concluded that pluralism of policy needed advanced ways of dealing with the problems of accountability and governance, and no more so was this demonstrated, than in the case of the DTTO policy. In addition the arrangements for DTTOs failed to consider the specific developmental needs for sixteen to eighteen year olds, as the service operated within a predominant adult services treatment model.

Despite these problems, the policy was viewed as successful in achieving one of the UK Drug Strategy aims (UKADCU 1998), in facilitating access to drug treatment as almost half of the offenders interviewed had no previous contact with drug treatment services.

Although a dichotomy was seen to have arisen between, on the one hand, fidelity to the policy objectives, and on the other, integrity of intervention practice as demonstrated by changes in local Court sentencing practice and the amelioration of the policy objective of cessation of drug misuse to reduced drug misuse, the policy guidance had in itself,

failed to recognise the relapsing nature of serious drug misuse. Such local practices were seen to illustrate the adaptive nature of the policy through local policy implementation. Such an adaptation by the Court was considered as the most significant cultural shift in the local implementation process for this policy.

A major failure of policy processes arose through the failure at the UK Government level to recognise differing jurisdictional contexts, derived from the constitutional change to devolved government, illustrated by the lack of attention to reflect these changes in the guidance about how the DTTOs were to be coordinated in Wales. The governmental inter-relationships for implementing criminal justice policy, lacked cohesion, as illustrated by the failure in central guidance to provide clarity across all jurisdictional contexts to which the policy applied. This was considered one of a number of impediments to achieving successful policy implementation at a local level.

A number of further failures in the policy process were identified:

- the lack of a policy lead in Department of Health during the policy formulation stage
- the failure to recognise serious drug misuse as a relapsing condition in policy guidance
- the major organisational change of Probation Service boundaries at the time of the national roll-out of the programme
- the consequence of the differential funding route taken in Wales
- the failure of partner agencies to take ownership of the policy objectives, and

- the failure to incorporate fundamental programme components, as confirmed in the UK and American literature, i.e. the Drug Court model, until some four years following national roll-out,

were all concluded to have compromised the integrity of the policy.

Performance measurement was a source of significant tension, through differing philosophies, different views on accountability, professional practice and the discretionary nature of this practice, between the two agencies and was surprising given that the drug treatment provider was experienced in delivering services within the context of the criminal justice system. In considering the issue of measuring the performance of policy objectives, the success of the policy was assessed by a very narrow performance indicator, which failed to reflect the much broader range of outcomes that such a policy should aim to achieve, and was not capable of capturing and representing programme quality. Furthermore, ‘top-down’ pressure to meet this narrow target, failed to recognise the complexity, time and resources involved in achieving the capacity to implement change successfully, and the new relationship that needed to evolve through the ‘marriage’ of public health interventions in the context of community sentences. The importance of inter-organisational value perspectives, and the role of local discretion in shaping local outcomes, was seen to exert a significant local influence, as key statutory partners failed to demonstrate ownership of the policy objectives. This issue of policy ownership and accountability in complex partnership arrangements is important for policy processes for a number of reasons:

- all stakeholders need to sign up in sharing of the problems,
- to clarify the common purpose
- have a role to play and
- be able to find solutions that under their control.

These were not features evident in this study in the implementation of the DTTOs in South Wales. This complexity was further evident in the relationship between drugs and crime and, when combined with the challenges of achieving significant lifestyle changes in a context of poor continuity of DTTO key workers, the benefits derived from consistency of sentencer - a recognised factor in this policy implementation - were not seen to cumulate, as the service struggled to maximise benefits that could be afforded through consistency in treatment delivery. A wide range of cross-cutting policy implications were also seen to emerge if DTTOs were to effectively address the needs of young offenders, and to reap the perceived benefits from the early treatment approach suggested by the National Audit Office (2004). Responding in such a way would require cohesive, sustainable national and local leadership. Many of the programmes, which aimed to tackle social disadvantage, operate within narrowly defined boundaries. These are not helped by rigid national criteria for access to development funding, which inhibits local discretion to realise cross-cutting service developments that are locally contextualised. Indeed, pluralism of policy needs advanced ways of dealing with accountability that takes into consideration organisational complexity, and no more so was this seen to be the case than in the implementation of the DTTO policy. It was argued that policy formulation needed to consider *how* policy could be translated into

action at the local level. Such calls have now been made by the Audit Commission (2005) for central Government to be clearer on the role and accountability of such partnerships, and the scope of local discretion over priorities.

A number of recommendations have emerged through this study. Firstly, an area where improvements to the knowledge base in relation to this policy area is urgently required, is that which Hough et al (2003) called 'mirroring research'. Not only should such research identifying '*what works*' in supporting individuals to desist drugs and criminal behaviour, it is also argued that this now also needs to consider, '*in what context*', so that better policy implementation can ensue. It was seen in this study that the evidence base, which informed the policy process, was not context specific to treating drug misusers in a community-based, criminal justice system.

Other areas of research, suggested in the literature of relevant to DTTOs, have been seen to include:

- what treatment was better suited to the needs of women in order to obtain successful outcomes
- research studies to tackle the issue of causality
- research to inform **how** improvements came about.

(Home Office Online Report 26/05.)

The degree of lack of educational attainment and poor school attendance seen in the cohort of offenders interviewed, were striking features in this study. As Welsh Assembly

Government is accountable for education policy in Wales, an approach to education policy that enables children and young people to remain engaged with the education system, and cultivate the personal resources (psychological, emotional and social) to tackle the challenges that life presents, would seem important developmental needs for personal and social growth. These personal resources were identified as important in helping offenders to tackle their drug misuse and criminal behaviour, with restorative action seen to be needed for these types of skill resources in any future DTTO treatment programme.

Finally, as it has been identified as a limitation in this study, it is suggest that any further research would be well placed to focus on those offenders who terminated early from the DTTO programme. As the criminal justice system has been confirmed as a primary provider of drug treatment for the future, there is a need to determine if there were additional factors that could lead to improved policy formulation, and implementation effectiveness, within the Welsh context, for the delivery of these public health interventions within criminal justice services.

In presenting some final concluding remarks in this study, the growing inter-dependence on partnership, inter-professional and inter-disciplinary collaboration in the delivery of policy objectives has been illustrated through the Labour Government's attempt to tackle some of the most complex of societal problems. Whether such collaboration can really be achieved, is open to question, given the complexity of political influences that were seen to be brought to bear. The failure of local key organisational partners, and

subsequent lack of integration of this initiative with local statutory core drug treatment services, challenged the credibility of the policy implementation process. The tensions seen in applying evidence-based practice from one culture and philosophy, into a differing philosophical context, should have come as no surprise, as these tensions were reported in both the interim and final evaluations of the DTTO pilot sites (Turnbull 1999; Turnbull et al 2000).

The limited evidence base to inform on contextual issues for replication of projects, and support national roll-out programmes, would seem to suggest that centralised policy initiatives may not be the best way of tackling complex cross-cutting societal problems. A call has been made for a more sophisticated approach to the setting of policy objectives, which enables the demonstration of fidelity to these objectives through interpretation within the local cultural context. Such an approach however, would require a shift in the Government's culture of centralist control. It would require Government and the civil service to demonstrate the very transformational leadership for culture change, which is so often called for at the local level within public services.

Despite the ambition of the DTTO policy, central government arrangements to support local delivery did not anticipate the new jurisdictional and political climate that arose through devolution. The weaknesses seen at the national level, in failing to put in place the conditions necessary to support successful implementation, and the lack of policy integration, were illustrative of fundamental programme theory failure. It has been argued that devolved government presented opportunities to consider the issue of

'context' more readily than has been the case in the past, and seen that research has indicated that drug misuse is deeply embedded in a cultural context. Significantly, as it has been confirmed that the criminal justice system will be a primary provider of drug treatment into the future, further research is called for to identify *'what works, how it works and in what context'*. Such contextual analyses are seen as important design components for all evaluations of centrally government funded research into complex cross-cutting policy, if knowledge is to influence future policy processes. Furthermore, it has been argued that one of the primary aims for Welsh Assembly Government should be to formulate policy to reduce fragmentation in service delivery, create economies of scale and enable better transitions between services. Achieving a better integration of policy response, in light of the broader social and cultural aspects of drug misuse, has been argued for, within an accountability framework pressures from centralist political influences could be ignored, would be naïve.

Not only has politics been seen to influence policy formulation and political processes a day-to-day occurrence, the traditional policy/action paradigm has been challenged in this study, with a view expressed for policy implementation to be more fully considered as integral to the policy process: achieving a policy-action dialectic that more accurately reflects the negotiation and bargaining needed in the implementation of complex cross-cutting policy at the local level. Such a negotiated perspective it has been suggested, might support the development of policy-networks for multi-organisational implementation of cross-cutting policy, located in the demographic, socio-economic

cultural and jurisdictional context, within which the policy is to be implemented, thereby enabling discretion in contextualising the way in which policy objectives are addressed.

The findings from this study are offered as a contribution to expanding that knowledge base and the study has aimed to demonstrate how engagement with key stakeholders in framing evaluation research, can help to contextualise evaluations that are coherent with the culture and organisational frameworks, within which policy implementation takes place.

Appendix 1.

STAKEHOLDER RANKING SCALE.

Please enter the number on a scale of 1-7 which reflects the priority you attribute to each of the criteria listed. 1 = *highest*; 7 = *lowest*. You should only use each number once i.e. no criteria should share the same score. Please then ✓ the description that best describes your view of degree of importance (✓ *one only for each criterion*)

Criteria	Ranking score 1-7.	Degree of importance
EFFICIENCY The ratio of benefits (either in terms of outputs or outcomes) to costs.		Extremely important. <input type="checkbox"/> Very important <input type="checkbox"/> Important. <input type="checkbox"/> Not very important <input type="checkbox"/> Not at all important <input type="checkbox"/>
EFFECTIVENESS OF INTERVENTIONS The achievement of stated treatment objectives.		Extremely important <input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Not very important <input type="checkbox"/> Not at all important <input type="checkbox"/>
EFFECTIVENESS OF ORGANISATIONAL PROCESSES The structuring of organisational processes to secure the achievement of stated objectives		Extremely important <input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Not very important <input type="checkbox"/> Not at all important <input type="checkbox"/>
ACCOUNTABILITY IN THE LOCAL PROCESS Who is accountable for what and how locally.		Extremely important <input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Not very important <input type="checkbox"/> Not at all important <input type="checkbox"/>
ACCOUNTABILITY TO THE POLICY Who is accountable to whom for what and how at a national policy level.		Extremely important <input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Not very important <input type="checkbox"/> Not at all important <input type="checkbox"/>
EQUITY Treating people with equal needs equally.		Extremely important <input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Not very important <input type="checkbox"/> Not at all important <input type="checkbox"/>
ACCESSIBILITY The length of time people have to wait for the service, the distance they need to travel, and the extent to which it is possible for people to have information on the range of service options.		Extremely important <input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Not very important <input type="checkbox"/> Not at all important <input type="checkbox"/>

DTTO OFFENDER PROFILEArea office: **A B C D.** Offender Code:**Personal details**

Initials: Age: Male/Female

—

Date of sentence: Length of DTTO

—

Ethnicity. (✓)

Bangladeshi	Black African	Black Caribbean	Black other	Chinese
Indian	Pakistani	White	Other	

Type(s) of offence.

✓ for each offence of relevance to DTTO sentence

Burglary	Theft	Drug offences	Motor offences	Other - specify
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Volume of offending

Age of first offence		
No. of cautions issued	lifetime	last two years
No. of convictions	lifetime	last two years

Types of sentences issued

Sentence	Number in lifetime	Number in last 2 years
Number previous convictions		
Fines		
Community service order		
Probation		
Suspended sentence		
Custodial		

Drugs of misuse.

Drug Type by primary use	Frequency of use	Route of administration	Age of first use	Money spent on drugs weekly
D1	> Once a day <input type="checkbox"/> Daily <input type="checkbox"/> 3 x weekly <input type="checkbox"/> Weekly <input type="checkbox"/>	Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/>		
D2	> Once a day <input type="checkbox"/> Daily <input type="checkbox"/> 3 x weekly <input type="checkbox"/> Weekly <input type="checkbox"/>	Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/>		
D3	> Once a day <input type="checkbox"/> Daily <input type="checkbox"/> 3 x weekly <input type="checkbox"/> Weekly <input type="checkbox"/>	Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/>		

Experience of previous Drug treatment from Vol/health agencies (✓)

☐ YES

☐ NO

Please specify agency:

Alcohol misuse

Age of first use	Type	Frequency	Amount

Educational attainment.

Age started school	Age left school	School attendance record	Qualifications	Employment history.
		Regular <input type="checkbox"/>		Employed full-time <input type="checkbox"/>
		Truant <input type="checkbox"/>		Employed part-time <input type="checkbox"/>
		Excludee <input type="checkbox"/>		Unemployed <input type="checkbox"/>
				Economically inactive <input type="checkbox"/>

Supportive other.

Is there a supportive other YES NO

Relationship to offender _____

No. of children _____

No. Living with offender _____

Health status:

Physical health problems.	Treatment and type	Mental health problems	Treatment and type

Financial income

Legal amount and source _____

Illegal - amount and activity _____

Accommodation.

Type	√
Owner-occupier	
Tenant please specify: Local Authority Housing Association Private landlord	
With parents/family	
With friends	
No permanent accommodation	

**EVALUATION OF DRUG TREATMENT AND TESTING ORDERS IN THE
SOUTH WALES AREA OF THE NATIONAL PROBATION SERVICE**

A research project is being undertaken by Sue Morgan to evaluate the impact on individuals and organisations of the introduction of Drug Treatment and Testing Orders.

As part of this research Sue Morgan would like to interview a number of persons participating in these orders. This interview will be conducted on a face-to-face basis in small groups of 5, or on an individual basis, with Sue Morgan. Individuals are asked to provide their consent to participate in this research. These interviews are likely to take place within the next 3-4 months.

The content of the interview will be used to inform the research but an individual's identity will not be disclosed in the report.

I ----- (name) consent to be interviewed by Sue Morgan for the purposes of this research and I understand that should I disclose to Sue Morgan any information that she considers to be a risk to either myself or others that she will pass this information on to my named keyworker.

Signed by client:

Date:

Signed by keyworker:

Date:

April 2004

Drug Treatment and Testing Order Policy

Expert Stakeholder Panel Briefing Paper.

The Government are committed to introducing a new community sentence order (a Drug Treatment and Testing Order) under section 61-64 of the Crime and Disorder Act 1998, for drug misusing offenders aged 16 and over. Offenders are required to consent to this Court imposed sentence, as the Order will include a requirement that the offender to submit to drug treatment and testing, under the supervision of the Probation Service. If the offender does not consent the Court may proceed with sentencing as usual.

Drug Treatment and Testing Orders are to be piloted in three sites within England and will be evaluated. The anticipated costs of the pilots is £1 million and it is estimated that the full cost to the Probation Service of commissioning the additional drug treatment and testing programme will be £40 million per annum (Crime and Disorder Act 1998 press pack). The Government has stated that these funds will be released through savings made by minimising the number of prisoners held on remand.

The Order may be of duration of between six months to three years and to make such an Order, the Court must be satisfied that:

- the offender is dependent on, or has a propensity to, misuse drugs and
- the dependency or propensity is such as requires, and may be susceptible to, treatment.

The drug treatment may be residential or community-based and must be under the direction of a specified person having the necessary qualifications or experience. The Court may not make an Order unless it is satisfied that arrangements have been, or can be made, for the treatment specified in the Order. The testing requirement will specify for each month the minimum number of occasions on which samples are to be provided.

The offender will be supervised by a Probation Officer, to whom the results of drug testing will be communicated. The Order will be reviewed at least once per month and the offender must attend each review hearing, but if the Court becomes satisfied that the offender is making satisfactory progress, reviews may take place without a formal hearing.

If the Court is of the opinion that the offender's progress is not satisfactory, the Court may require the offender to attend a further hearing, at which they may amend the order or impose an alternative sentence.

This cross-cutting policy can be anticipated to have implications for local stakeholder partner agencies in the statutory and voluntary sector, not just for specialist drug treatment agencies.

DTTO INTERVIEWS OFFENDERS IN TREATMENT

1. How did they get to know about the DTTO option
Prompts:
Through friends/family
Probation officer
2. What information given about programme and by whom
3. Why decided to agree to DTTO
4. What involvement do families/close friends have
Prompts:
What supports at home
Children
5. What do they do on the programme
6. What elements of programme are most helpful
7. What elements of programme are most helpful
8. What elements least helpful
9. Process of testing for drugs
Prompts:
How
When
Thoughts on it
10. What/where do they think they would be if not on DTTO
11. What needs to change in the current programme to make it more successful

PROBATION STAFF INTERVIEW SCHEDULE.

IMPOSITION AND PROGRESS OF DTTOs

Identification and assessment.

- 1 Who is responsible for identifying offenders who are dependent drug users?
- 2 How is it established if an offender is dependent on drugs?
- 3 How were baselines of dependency established?
- 4 Which drugs do you test for?
- 5 What happens to offenders who are screened out as non-dependent drug users?

Treatment.

6. What specific services does your agency contribute to a DTTO?
7. What training and support have staff received for working with offenders on DTTOs?
8. What organisations do you work in partnership with to address the total assessed needs of the offender on a DTTO?
9. How effective do you perceive these relationships to be?
10. How often are review hearings taking place?
11. How consistent are the courts in ensuring the same sentencer attends the review hearings. How could this process be improved?

The testing procedure.

12. Who conducts the drug testing?
13. What training and procedures are there in place for this?
14. What type of testing do you do? (prompt: hair, blood, urine)?
15. Is quantitative testing available?
16. What procedures are there in place to avoid contamination of specimens?

Confidentiality and monitoring process.

17. What agreements are in place for the sharing of information and test results between professionals and agencies?
18. What problems have you experienced with this?
19. How do sentencers monitor the progress of DTTOs?
20. Have you been able to influence court scheduling to enable an offender to appear before the same sentencer for review hearings?
21. What impact has this had?

Re-accessing services.

22. Can offenders access a DTTTO more than once
23. If previously breached
24. If previously successfully completed but re-offended.

TREATMENT ETHOS AND DTTTOs

25. What evidence do you have that the treatment models used in DTTTOs are effective?
26. How is offender progress measured, based on abstinence or reduced intake?
27. Who decides what is a positive outcome from treatment and over what timescale?
28. What happens if there is no evidence of improvement over time?

COMPULSION AND MOTIVATION.

29. How are offenders assessed for their motivation to comply with a DTTTO?
30. How have you managed the perception of compulsory verses voluntary treatment debate within treatment agencies?
31. What impact has any polarisation of views had on the DTTTOs?

FOCUS OF DTTOs.

32. How has the DTTO programme attempted to address the broad range of problems often experienced by drug users eg housing, educational, parenting skills etc.?
33. How have offenders use of alcohol been addressed?
34. Were there instances where offenders had a complex range of health outside the scope of service availability. If so, how were these needs met and by whom?
35. What impact do you think these health needs have had on the offenders ability to comply with the DTTO?

EVALUATING OUTCOMES.

36. How are outcomes of the programme measured: on an individual basis, cessation of drug use and reduction in criminal behaviour?
37. What are the added benefits to this scheme?
38. What arrangements have been made to determine the longer-term outcomes?
39. What needs to happen now to make improvements to the programme?

SENTENCERS INTERVIEW SCHEDULE.

1. What training have sentencers had?
2. How helpful was it in enabling you to issue a DTTO?
3. What information do sentencers base their decisions on?
4. How often are review hearings taking place?
5. How consistent are the courts in ensuring the same sentencer attends the review hearings. How could this process be improved?
6. How often are review hearings taking place?
7. What happens to offenders who are screened out as non-dependent drug users?
8. How effective do you perceive these relationships to be?
9. How consistent are the courts in ensuring the same sentencer attends the review hearings. How could this process be improved?
10. For what reasons do offenders fail the DTTO?
11. How did the courts deal with these offenders?
12. What does the criminal justice system do if an offender on a DTTO absconds to another area? Have you had any experience of this?
13. Can offenders access a DTTO more than once:
 - if previously breached
 - if previously successfully completed but re-offended.
14. What is your experience of supervision arrangements for treatment component of DTTOs? (prompt: any evidence of conflict between probation and clinicians?)
15. What evidence do you have that the treatment models used in DTTOs are effective?
16. How is offender progress measured, based on abstinence or reduced intake?
17. Who decides what is a positive outcome from treatment and over what timescale?
18. What happens if there is no evidence of improvement over time?

FOCUS OF DTTOs.

19. How has the DTTO programme attempted to address the broad range of problems often experienced by drug users eg housing, educational, parenting skills etc.?
20. How have offenders use of alcohol been addressed by the pilot?
21. Were there instances where offenders had a complex range of health outside the scope of service availability. If so, how were these needs met and by whom?
22. What impact do you think these health needs had on the offenders' ability to comply with the DTTO?

EVALUATING OUTCOMES.

23. How are outcomes of the programme measured: on an individual basis, cessation of drug use and reduction in criminal behaviour?
24. How will the reduction in crime in your geographical area be measured from the DTTO programme?
25. What are the added benefits to this scheme over current approaches?

Appendix 8.

TREATMENT AGENCY STAFF INTERVIEW SCHEDULE.

IMPOSITION AND PROGRESS OF DTTOs

Identification and assessment.

- 1 Who is responsible for identifying offenders who are dependent drug users?
- 2 How is it established if an offender is dependent on drugs?
- 3 How were baselines of dependency established?
- 4 Which drugs do you test for?
- 5 What happens to offenders who are screened out as non-dependent drug users?

Treatment.

6. What specific services does your agency contribute to a DTTO?
7. What training and support have staff received for working with offenders on DTTOs?
8. What organisations do you work in partnership with to address the total assessed needs of the offender on a DTTO?
9. How effective do you perceive these relationships to be?
10. How often are review hearings taking place?
11. How consistent are the courts in ensuring the same sentencer attends the review hearings. How could this process be improved?

The testing procedure.

12. Who conducts the drug testing?
13. What training and procedures are there in place for this?
14. What type of testing do you do? (prompt: hair, blood, urine)?
15. Is quantitative testing available?
16. What procedures are there in place to avoid contamination of specimens?

Confidentiality and monitoring process.

17. What agreements are in place for the sharing of information and test results between professionals and agencies?
18. What problems have you experienced with this?
19. How do sentencers monitor the progress of DTTOs?
20. Have you been able to influence court scheduling to enable an offender to appear before the same sentencer for review hearings?
21. What impact has this had?

Re-accessing services.

22. Can offenders access a DTTTO more than once
23. If previously breached
24. If previously successfully completed but re-offended.

TREATMENT ETHOS AND DTTTOs

25. What evidence do you have that the treatment models used in DTTTOs are effective?
26. How is offender progress measured, based on abstinence or reduced intake?
27. Who decides what is a positive outcome from treatment and over what timescale?
28. What happens if there is no evidence of improvement over time?

EVALUATING OUTCOMES.

29. How are outcomes of the programme measured: on an individual basis, cessation of drug use and reduction in criminal behaviour?
30. What are the added benefits to this scheme?
31. What arrangements have been made to determine the longer-term outcomes?
32. What needs to happen now to make improvements to the programme?

COMPULSION AND MOTIVATION.

33. How are offenders assessed for their motivation to comply with a DTTO?
34. How have you managed the perception of compulsory verses voluntary treatment debate within treatment agencies?
35. What impact has any polarisation of views had on the DTTOs?
36. How has the notion of compulsion affected the counsellor/client relationship?

FOCUS OF DTTOs.

37. How has the DTTO programme attempted to address the broad range of problems often experienced by drug users eg housing, educational, parenting skills etc.?
38. How have offenders use of alcohol been addressed?
39. Were there instances where offenders had a complex range of health outside the scope of service availability. If so, how were these needs met and by whom?
40. What impact do you think these health needs have had on the offenders ability to comply with the DTTO?

DTTO MANAGER INTERVIEW SCHEDULE

ORGANISATION AND RESOURCES.

1. Who has overall responsibility for the organisation and management of the DTTOs? (criminal justice system or social services?)
2. How are the treatment services commissioned?
3. Who is responsible for setting and monitoring standards of service provision to DTTO offenders?
4. What is your experience of supervision arrangements for treatment component of DTTOs? (prompt: any evidence of conflict between probation and clinicians?)
5. Is there an existing range of services in your area to meet the needs of offenders on DTTOs, or have new services had to be established?
6. In your experience of working with DTTOs what types of services are need?
7. What gaps in service are there?
8. What happens if assessed need cannot be met within existing service provision/capacity?
9. How have service providers organised their services to meet the needs of this category of service user?
10. What impact has this had on the service in terms of waiting lists and times for treatment with other categories of service user?
11. Who funds the services required to deliver a DTTO?
12. How do you determine what types and what level of services you require?
13. What influences you in making your decisions on treatment providers?
14. How do you commission the services needed?
15. How far does treatment ethos of an agency influence your decision to commission the services for DTTOs?

EVALUATING OUTCOMES.

16. How are outcomes of the programme measured: on an individual basis, cessation of drug use and reduction in criminal behaviour?

Appendix 9 contd.

17. How will the reduction in crime in your geographical area be measured from the DTTO programme?
18. What are the added benefits to this scheme over current approaches?
19. What needs to happen now to make improvements to the programme?

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